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K. SALY EXAMINER

APR 21 2015

COVER LETTER

Division of Corporations		
SUBJECT: A 4 M Handyman all Name of Lim	nd Maintenance - ited Liability Company	Services Lylac
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Neil Alan	Huning Name of Person	
A&M Handyman	and Mai'ntenar Firm/Company	ice Services
2811 S. Miller	1 Iddi edd	
Valrico, Floria	a 33596-51	710
melba, mobley @ ver. E-mail address: (to be used	zon. net	tion
For further information concerning this matter, plea		шопу
·		
Neil Alan Huning at (8/3 $330 - 4$ Area Code Daytime Tel	4393 ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A+M Handyman and Mai (Must end with the words "Limited Li	intenance Services Label
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2811 S.M. Her Road Valrico, Florida 33596-5710	1811 S. Miller Road Valrico, Florida 33594-5710
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Melba HuNiNG Name 2811 S, Miller A Florida street address (P.O. Box M Valri Ce City	Coad Es w
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S Manually (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR	Ne: 1 Alan HUNing
	2811 5. Miller Road Valcien Flerida 33596-5
	- Vall 1 (24) 1 (25) 1 (27)

	A. S.
	(P.2)
	33
V: Effective date, if other than the dat ctive date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date tive date is listed, the date must be sp filling.)	
Use attachment if necessary) E.V: Effective date, if other than the date tive date is listed, the date must be spread of filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE:	
CV: Effective date, if other than the date trive date is listed, the date must be spling.) CVI: Other provisions, if any.	
CV: Effective date, if other than the date of the date is listed, the date must be specifically filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m	pecific and cannot be more than five business days prior to or Manual Ember or an authorized representative of a member.
CV: Effective date, if other than the date efficiency date is listed, the date must be specifically filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
CV: Effective date, if other than the date of the date is listed, the date must be specifically filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ter the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
CV: Effective date, if other than the date effective date is listed, the date must be splitting.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
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Page 2 of 2