

L15000094105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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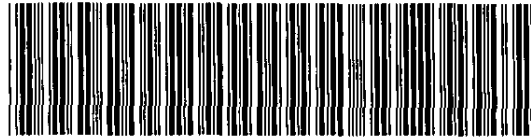
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/26/15--01016--008 \*\*100.00

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15 MAY 29 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 21 2015

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Willis's HANDY Service LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marion R Willis

Name of Person

Willis's HANDY Service LLC

Firm/Company

3357 NW 25th PLACE

Address

JENNINGS FL 32053

City/State and Zip Code

mrw787@windstream.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marion R Willis at (386) 938-3592

Name of Person

Area Code

Daytime Telephone 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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2015

MARION WILLIS  
3357 NW 20TH PLACE  
JENNINGS, FL 32053

SUBJECT: ROGER HANDY SERVICE, LLC  
Ref. Number: L11000071245

We have received your document for ROGER HANDY SERVICE, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~We are returning your check for \$ 238.75. You can NOT reinstate you must file for a new LLC.~~

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 215A00010096

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIS'S HANDY SERVICE LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3357 NW 20TH PLACE  
JENNING FL 32053

Mailing Address:

3357 NW 20TH PLACE  
JENNING FL 32053

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARION ROGER WILLIS  
Name

3357 NW 20TH PLACE  
Florida street address (P.O. Box NOT acceptable)  
JENNING'S FL 32053  
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

MR WILLIS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAY 29 AM 8:37  
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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MBR

**Name and Address:**

Marion R Willis

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JUNE 1- 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

M.R. Willis

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Marion Roger Willis

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

**FILED**  
15 MAY 29 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA