

LIS000116903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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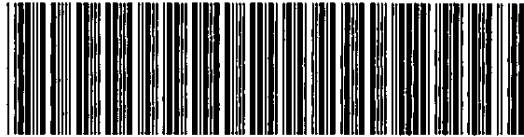
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HANDLING BY ANDREA, 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:

ANDREA L. ELLIOTT-CASTERLINE  
Name of Person

HANDLING BY ANDREA, LLC  
Firm/Company

5067 HESKETT LANE  
Address

KEYSTONE HEIGHTS, FLORIDA 32656  
City/State and Zip Code

prodloghandler1@gmail.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA CASTERLINE at ( 904 ) 705-8579  
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/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION  
OF  
HANDLING BY ANDREA, "LLC"**

**ARTICLE I – HANDLING BY ANDREA, "LLC"**

The name of the limited liability company is: **HANDLING BY ANDREA, "LLC"**.

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
5067 Heskett Lane  
Keystone Heights, Florida 32656

Mailing Address:  
5067 Heskett Lane  
Keystone Heights, Florida 32656

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

William R. Northcutt, P.A.  
Debbie Gapsch  
Atlantic Professional Center, Suite 206  
2194 Highway A1A  
Indian Harbour Beach, Fl. 32937  
321-773-5320

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*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.*

  
DEBBIE GAPSCH

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:  
Manager

Name and Address:  
Andrea Elliott-Casterline  
5067 Heskett Lane  
Keystone Heights, FL. 32656

#### ARTICLE V - EFFECTIVE DATE

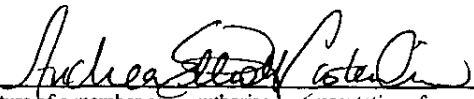
The effective date of the company shall be July 15, 2015.

#### ARTICLE VI - OTHER MATTERS

The official E-Mail address is: Prodoghandler1@gmail.com

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TALLAHASSEE, FLORIDA

#### REQUIRED SIGNATURE:

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

(In accordance with section 605.205(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
ANDREA ELLIOT-CASTERLINE