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COVER LETTER

Division of Corporations
SUBJECT: HANDI PRODUCTS //C. 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:
TIMETHY EGAN Name of Person
HANDI PRODUCTS LLC. Firm/Company
5726 CORTEZ Rd. W #133
BRADENTON FL 34210 City/State and Zip Code HANDIPRODUCTS LLC @ GMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

HANDI FI			,, , , , , , , , , , , , , , , , , , ,	
(Must end with the w	ords "Limited Liability	Company, "L	L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and street address of t	he principal office of th	e Limited Lia	bility Company is:	
Principal Office	Address:		Mailing Add	<u>lress</u> :
5726 CORTEZ Rd.	W # 133	5726	6 CORTEZ A	RdW#133 1 FL 34210
BRADE TOUL	E1 74210	13	PANEATTON	161 34340
	2 37010		77.0,2,0,0	1 FK 37210
RTICLE III - Registered Agent, Regis		ered Agent's	Signature:	
he Limited Liability Company cannot se	rve as its own Registere	ered Agent's	Signature:	
he Limited Liability Company cannot se other business entity with an active Flor	rve as its own Registere ida registration.)	ered Agent's	Signature:	
he Limited Liability Company cannot se other business entity with an active Flor he name and the Florida street address of	rve as its own Registere ida registration.) the registered agent are	ered Agent's d Agent. You	Signature:	ndividual or
he Limited Liability Company cannot se other business entity with an active Flor he name and the Florida street address of	rve as its own Registere ida registration.) the registered agent are	ered Agent's d Agent. You	Signature:	ndividual or SECRE PA
he Limited Liability Company cannot se other business entity with an active Flor he name and the Florida street address of	rve as its own Registererida registration.) The registered agent are MoTHY Ed Name	ered Agent's ad Agent. You a:	Signature: I must designate an ir	ndividual or TALLAHASSET
he Limited Liability Company cannot se other business entity with an active Flor he name and the Florida street address of	rve as its own Registererida registration.) The registered agent are MoTHY Ed Name	ered Agent's ad Agent. You a:	Signature: I must designate an ir	ndividual or SECRE PA
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the Limited Liability Company cannot se other business entity with an active Flor ne name and the Florida street address of	rve as its own Registererida registration.) The registered agent are MOTHY EO Name	ered Agent's ad Agent. You a: GAN Z Rd 1	Signature: I must designate an in	ndividual or TALLAHASSET
the Limited Liability Company cannot se other business entity with an active Flor ne name and the Florida street address of	rve as its own Registererida registration.) The registered agent are MOTHY EO Name	ered Agent's ad Agent. You E. SAN ZRA DX NOT acce	Signature: In must designate an in	NELAHASSEE FINE OF STANKE THE STA

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
WCIK - Williage	IMOTHY EGAN 5726 CORTEZ RAW BRADENTON EL 34210
	5726 CORTEZ Rd. W
	BRADENTON EL 34210
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of filing.) the date inserted in this block does not n	neet the applicable statutory filing requirements, this date will n
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ARTICLE IV-

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