L15000131950

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800275604598

08/03/15--01039--024 **160.00

15 AUG -3 PH 4: 12

ND 8/5

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: West Florida Handyman Services, L Name of Limited Liability Company	_L
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jose Suarez Name of Person	
West Florida Handyman Services, LLC Firm/Company	ı
1006 Rentz Ave Address	
Pensacola, Florida 32507 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jose Suarez at (850) 287.4317 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

Division of Corporation 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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
West Florida Handyn (Must end with the words "Limited Liability Or	nan Services, LLC, npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	· · · · · · · · · · · · · · · · · · ·
The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
1006 Rentz Ave	1006 Rentz Ave
<u> </u>	Pensacola 21 32507
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	Agent's Signature: gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	•
Jose Suare	22
Nama	

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..

Florida street address (P.O. Box NOT acceptable)

Page 1 of 2

(CONTINUED)

"MGR" = Manager	Name and Address:
MGK	Jose Suares
	1006 Rentz Ave
	Pensabla, 21 32507
	·
EV: Effective date, if other than the date ective date is listed, the date must be spor filing.) the date inserted in this block does not	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be of State's records.
E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is execu	meet the applicable statutory filing requirements, this date will not be of State's records. The property of a member of a me
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m This document is executed a management of the degree of the second of the degree of the second of the	meet the applicable statutory filing requirements, this date will not be of State's records. The applicable statutory filing requirements, this date will not be of State's records. The applicable statutory filing requirements, this date will not be of State's records. The applicable statutory filing requirements, this date will not be of State of State applicable statutory filing requirements, this date will not be of State of State applicable statutory filing requirements, this date will not be of State of State applicable statutory filing requirements, this date will not be of State of State of State applicable statutory filing requirements, this date will not be of State o
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m This document is executed a management of the degree of the second of the degree of the second of the	meet the applicable statutory filing requirements, this date will not be of State's records. The applicable statutory filing requirements, this date will not be of State's records. The applicable statutory filing requirements, this date will not be of State's records. The applicable statutory filing requirements, this date will not be of State of State applicable statutory filing requirements, this date will not be of State of State applicable statutory filing requirements, this date will not be of State of State applicable statutory filing requirements, this date will not be of State of State of State applicable statutory filing requirements, this date will not be of State o
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m This document is executed a management of the degree of the second of the degree of the second of the	meet the applicable statutory filing requirements, this date will not be of State's records. The entire of an authorized representative of a member. The indicated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State

ARTICLE IV-