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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	, <u>, , </u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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SECKETÁRY ÖF STATE ISION OF CORPORATIONS

10/01/15

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	An Affordable Handyman Service,	LLC			
SUBJEC	Name of I	Name of Limited Liability Company			
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.			
Please ret	turn all correspondence concerning this	matter to the following:			
	Erin Quizon				
		Name of Person			
		Firm/Company			
	4504 Southpointe Lane				
		Address			
	Pensacola, FL 32514	*			
	affordablehandyman.rt@gmail.com	City/State and Zip Code			
	E-mail address: (to be us	sed for future annual report notification)			
For further	information concerning this matter, ple	ease call:			
	Erin Quizon	850 292-1562			
	Name of Person	Area Code Daytime Telephone Number			
Enclosed	is a check for the following amount:				
	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 New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E I - Name: of the Limited Liability	Company is:		
	An Affordable Handy		d Liability Company	, "L.L.C.," or "LLC.")
ARTICL	E II - Address:			, L.D.C., Gt LDC.)
The mailing	ng address and street ad	dress of the principal o	office of the Limited	Liability Company is:
	<u>Principa</u>	l Office Address:		Mailing Address:
	4504 Southpointe Lan Pensacola, FL 32514		.	
(The Limi	E III - Registered Age ted Liability Company of usiness entity with an ac	cannot serve as its owr	Registered Agent. Y	nt's Signature: You must designate an individual or
The name	and the Florida street a	ddress of the registered	d agent are:	
		Robert Tohosky, Jr.		
			Name	
		4504 Southpointe La		
		Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
		Pensacola	FL	32514
		City	State	7 in

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Erin Quizon
	4504 Southpointe Lane
	4504 Southpointe Lane Pensacola, FL 32514
	,
	*
(Use attachment if necessary) TICLE V: Effective date if other than the date	of filing: (OPTIONAL)
an effective date is listed, the date must be spe date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a
an effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not not document's effective date on the Department of	recific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.
an effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not me document's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.
an effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not me document's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 days afte neet the applicable statutory filing requirements, this date will not be listed to f State's records.

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

Filing Fees:

Typed or printed name of signee

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

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2