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SECRETARY OF STATE

15 DEC 30 PM 5:

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Do T+ All Handuman Dervice 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:
Christopher Myrick Name of Person
Do T+ All Handyman Service Firm/Company
7300 39th Ave. L.D. Apt. 137 Address
Brackerton, FL. 3H205 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Myrickat (QHI) 70H09860 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 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 AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

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



ARTICLE I - Name: The name of the Limited Liability Company is:		15.DEC 30	PM 5:08
		10.070	, 111 O. O.
(Must end with the words "Lin	handungan mited Liability Con		y of state ee flori da
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Li	mited Liability Company is:	
Principal Office Address:		Mailing Address:	
3200 38th Ave. W. Bradenton, FL. 314	<u> </u>	3000 38th Ave. 1 Bradenton, FL	COEME.
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	own Registered Agtration.)		ual or
		• •	
	Name	yrich	
<u> </u>	Idress (P.O. Box N	OT acceptable)	
Brader	HOO FL.	34205	
City	State	Zip	
Having been named as registered agent and to accept blace designated in this certificate, I hereby accept the further agree to comply with the provisions of all statuam familiar with and accept the obligations of my post	e appointment as requestes relating to the p	gistered agent and agree to act in thi proper and complete performance of	is capacity. I my duties, and I
	egistered Agent's S	Signature (REQUIRED)	
K	operation vibrate and	"Prominedity Anistones)	

(CONTINUED)

Page 1 of 2

ARTICLE IV-		APPROVEL
i ne name and address of each person aut	thorized to manage and control the Limit	ed Liability Company LED
Title: "AMBR" = Authorized Member	Name and Address:	15 DEC 30 PM 5:
"MGR" = Manager		SECOUTAGE AT GEN
Office Manager	1 Drandi Murick 2000 3RHV Dve. Dradenton I FL	SECRETARY OF STA L.D. #ALLAHARREE FLORI - 34305
Provident E. Owner	Christopher 1 30038th Avi	1, rich 2, ro). #127
(Use attachment if necessary)		
CLE V: Effective date, if other than the date		
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) If the date inserted in this block does not more than the date on the Department of the date inserted ate on the Department of the date.	ecific and cannot be more than five bus neet the applicable statutory filing requir	iness days prior to or 90 days af
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