## 1160000 12195

(Re	equestor's Name)	
(Ác	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

	Stubbs Handyman Service, L	IC
SUBJECT:		ited Liability Company
	Name of Line	пец Барику Сопрану
The enclose	d Articles of Organization and fee(s) are	submitted for filing.
Please return	n all correspondence concerning this ma	tter to the following:
	Lindsey Stubbs	
-		Name of Person
-		
		Firm/Company
_	10168 North West 2nd Street	
		Address
	Bristol, FL 32321	
-		ty/State and Zip Code
	lindsey.stubbs21@yahoo.com	for future annual report notification)
Ear finites in		·
	formation concerning this matter, please	can.
_	Joseph Stubbs 85	
	Name of Person Ar	ea Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Secretified 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	Street Address  New Filing Section  Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ctubba I	Jandaman Camijaa II.C		
	Iandyman Service, LLC end with the words "Limited	d Liability Company	"L.L.C." or "L.L.C.")
(17140)	ond with the words is mines.	a znacinej Companj	, 5.5.6., 6. 5.56. )
ARTICLE II - Address:			
The mailing address and str	eet address of the principal of	office of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
10168 North W	est 2nd Street	1016	58 North West 2nd Street
D ET 202	31		tol EL 20201
The Limited Liability Com	i Agent, Registered Office, pany cannot serve as its own	& Registered Agent.	nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	l Agent, Registered Office,	& Registered Agent. on.)	nt's Signature:
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration and address of the registered	& Registered Agent. on.)	nt's Signature:
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its owr n an active Florida registration	& Registered Agent. on.)	nt's Signature:
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration and address of the registered	& Registered Agent. on.) d agent are:	nt's Signature:
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered Lindscy Stubbs	& Registered Agent. (a) Registered Agent. (b) (c) (d) agent are:  Name  Name	nt's Signature: You must designate an individual or
ARTICLE III - Registered (The Limited Liability Comanother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration rect address of the registered Lindsey Stubbs  10168 North West 2	& Registered Agent. (a) Registered Agent. (b) (c) (d) agent are:  Name  Name	nt's Signature: You must designate an individual or

llaving 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 l 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

<u>Citle:</u> 'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	Lindsey Stubbs
	10168 North West 2nd Street
	Bristol, FL 32321
AMBR	Joseph Stubbs
AWIDK	10168 North West 2nd Street
	Bristol, FL 32321
	Ettoto, va papa.
<del></del>	
V: Effective date, if other than the date date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Departme  EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will not
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