116000036356

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	P #1
(0)	tyrotatorzipri mom	<i>- </i>
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nar	ne)
·		
(Do	ocument Number)	
(50	odinent Hamber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>
	٠	



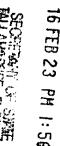


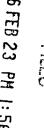
600282391706

02/24/16--01001--003 **130.00

16 FEB 23 PH 1: 5:

RECEIVED





FEB 2 3 2016 T SCHROEDER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Helpful Hand's Regional Transport	r
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jaus Clark Name of Person	
Helpful Hand's Regional Transport	!
220 McNair Road Address	
Havana Florida 32333	
Havana Florida 32333 City/State and Zip Code Helpful hands RT4U 7084D amoil-com Exmail address: (to be used for future a pair report notification)	
For further information concerning this matter, please call:	
Towis Clack at (850) 694-3342 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)	
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision 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

The name of the	Limited	Liability	Compa	ny is:			
_				_			

(Must end with the words "Linged Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Frincipal Office Address;	Maning Address.
220 McNair Rd.	220 McNair Rd
Havana Fl.	Harana Fl-
20202	2222

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

_Vanesso	· Clae	<u>k</u>
	Name	•
220 N	CNair	Rd.
Florida street address (P.O. Box NOT a	acceptable)
_ Havasa	Fl.	32333
C! \	State	Zip

Having been named as registered agent and to access 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 agentas provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 FEB 23 PM 1:56



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" ≈ Manager	Tous Clark
MGP	Hovana, Floride 32353
MGR MGR	
MGR	Vanessa Clark 220 McNair Rd. Havana Fk. 32333
//	
(Use attachment if necessary)	
TOTAL TOTAL TOTAL	
If an effective date is listed, the date must be spended ate of filing.) Note: If the date inserted in this block does not m	neet the applicable statutory filing requirements, this date will not be listed
If an effective date is listed, the date must be spe he date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	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
If an effective date is listed, the date must be specified and of filing.) Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any.	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
If an effective date is listed, the date must be specified the date of filing.) Note: If the date inserted in this block does not make document's effective date on the Department of RTICLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be listed of State's records.
If an effective date is listed, the date must be specified and of filing.) Note: If the date inserted in this block does not make document's effective date on the Department of ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	neet the applicable statutory filing requirements, this date will not be listed of State's records.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

