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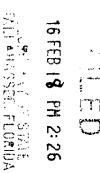
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·

Office Use Only



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FEB 2 5 2018

S. GILBERT

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Jason Leach Handyman Services	S	
SUBJEC		of Limited Liabil	ity Company
The enclo	osed Articles of Organization and fee	(s) are submitted	for filing.
Please re	turn all correspondence concerning th	is matter to the	following:
	Jason Leach		
		Name of	Person
	Jason Leach Handyman Services		
		Firm/Co	ompany
	2025 Winners Circle		
		Addı	ress
	Cantonment, Fl 32533		
	jaleach2@gmail.com	City/State ar	nd Zip Code
	E-mail address: (to be	used for future	annual report notification)
For further	r information concerning this matter,	please call:	
	Jason Leach	850 at (261-3907
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	I is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of State	ıs ——Certif	00 Filing Fee & \$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

, AKTICIE	SOF ORGANIZATION FOR	LEOIGDATAMITED	EADILITY CONTACT	
ARTICLE I - Name:				16 FEB 18 PM
The name of the Limited Lia	bility Company is:			16 FFR Id Su
Jason Leach Han	dyman Services LLC			PA SI CO IS PA
	end with the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")	ALL AHASSEL, F
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	office of the Limited	Liability Company is:	
J	ncipal Office Address:		Mailing Addre	<u>:88</u> ;
2025 Winners Ci	ircle			
Cantonment, FL	32533	Samo		
The Limited Liability Comp nother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. You.)		ividual or
	Jason Leach	_		
	<u> </u>	Name		
	2025 Winners Circle	:		
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)	
	Cantonment	FL	32533	
	City	State	Zip	

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MOK - Wallager	
MCD	Inc., I mak
MGR	Jason Leach 2025 Winners Circle
	Cantonment, FL 32533
	Camonnon, 1 is 32333
AMBR	Lori Leach
	2025 Winners Circle
	Cantonment, FL 32533
(Use attachment if necessary)	
•	
LEV: Effective date, if other than the	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the feetive date is listed, the date must be	
CLE V: Effective date, if other than the feetive date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 days
TLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does r	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
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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)

ARTICLE IV-