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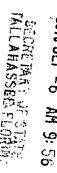
(Req	uestor's Name)	
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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	: Herman's Home Services, LLC. Name of Limited Liability Company
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Brycen Herman Name of Person
	Name of Person
	Herman's Home Services, LLC.
	Hermon's Home Services, LLC. Firm/Company
	5803 Lake Bend Ave
	Address
	Tamon F1 33614
	Tampa, FL 33614 City/State and Zip Code
	E-mail address: (to be used for future appual report notification)
_	E-mail address: (to be used for future annual report notification)
	•
For further in	formation concerning this matter, please call:
.	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed)
	Mailing Address Street Address
	New Filing Section New Filing Section
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
	Tallahassee, FL 32314 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:			
Herma	n's Home Sen	rices, LLC.	ny, "L.L.C.," or "LLC.")	
(Must end v	vith the words "Limited I	Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limite	ed Liability Company is:	
Principal Office Address:			Mailing Address:	
5803 Lake Be	nd Ave		5803 Lake Bend A	ive
Tampo, FL 336	nd Ave 14		ampa, FC 33614	
	 			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ad	cannot serve as its own I	Registered Agent		al or
The name and the Florida street a	ddress of the registered	agent are:		
	Bryce	en Herma	\wedge	
		Name	^	
	5803 Lahe	Bend A	ve	
	Florida street address	(P.O. Box NOT	acceptable)	
	Tampa	FL	33614 zip	
	City	State	Zip	
Having been named as registered a place designated in this certificate, urther agree to comply with the pro um familiar with and accept the obt	I hereby accept the appo ovisions of all statutes rel ligations of my position a	intment as regist ating to the prop s registered ager	ered agent and agree to act in this er and complete performance of n	capacity. Iny duties, and I
		CONTINUED	N.	

Page 1 of 2

PECKLIANY JESTALE

AL STATE

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMBR	Brycen Herman 5803 Lake Bend Ave Tampa, FL 33514		<u> </u>
			
			_
(Use attachment if necessary)		······································	
e of filing.)	fic and cannot be more than five business days p		_
ffective date is listed, the date must be specif e of filing.)	fic and cannot be more than five business days p t the applicable statutory filing requirements, this		_
ffective date is listed, the date must be specifie of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of States.	fic and cannot be more than five business days p t the applicable statutory filing requirements, this		_
effective date is listed, the date must be specific of filing.) If the date inserted in this block does not mee current's effective date on the Department of SELE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed I am aware that any false in	fic and cannot be more than five business days p t the applicable statutory filing requirements, this	date will	not be l
effective date is listed, the date must be specifie of filing.) If the date inserted in this block does not mee cument's effective date on the Department of SCLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member of the degree of	the applicable statutory filing requirements, this State's records. beg or an authorized representative of a member in accordance with section 605.0203 (1) (b), Flor formation submitted in a document to the Department.	date will	not be l
Affective date is listed, the date must be specifie of filing.) If the date inserted in this block does not mee current's effective date on the Department of State VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed I am aware that any false in constitutes a third degree fereign.	the applicable statutory filing requirements, this State's records. begor an authorized representative of a member in accordance with section 605.0203 (1) (b), Floriformation submitted in a document to the Department of the Dep	date will	not be l

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

ARTICLE IV-