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(F	Requestor's Name)
	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

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J. FASON
JUN 3 0 2017



COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: <u>GRAE</u>	ME'S HANDY HOUSEHOL Name of Lir	D SOLUTIONS LLC nited Liability Company	
	of Organization and fee(s) a	-	
Please return all corre	spondence concerning this m	atter to the following:	
<u>Graeme</u>	Hill		
		Name of Person	
		Firm/Company	
0540.0-	of a section of the s		
<u>2540 Ce</u>	ntergate Drive Unit 101	Address	
<u>Miramar</u>	FL 33025	Sautena and Warten L	
		Tity/State and Zip Code	
<u>gistfhill@amail.</u>	com E-mail address: (to be use	d for future annual report notifica	ution)
For further informatio	n concerning this matter, plea	ase call;	
Graeme Hill		954) 290-1740	
Nar	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check fe	or the following amount:		
□ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address istration Section	Street/Courier Addu Registration Section	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
GRAEME'S HANDY HOUSEHOLD SOLUTIONS LI (Must end with the words "Limited I	_C Liability Company, "L.E.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2540 Centergate Drive Unit 101 Miramar, FL 33025	2540 Centergate Drive Unit 101 Miramar, FL 33025
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.) The name and the Florida street address of the registered at Graeme Hill.	Registered Agent. You must designate an individual or i.)
Name	
2540 Centergate Drive Unit 10	91
Florida street address (P.O. Box	
Miramar	F1. 33025
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this if all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in ear 601. F.S

(CONTINUED)

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<u>`itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager♥	
AMBR	Graeme Hill
	2540 Centergate Drive Unit 101
	Miramar, FL 33025

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se attachment if necessary)	
tive date is listed, the date must be speci-	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 9
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VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member of a	per or an authorized representative of a member. 203 (1) (b). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
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ARTICLE IV-