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## **COVER LETTER**

	ew Filing Section ivision of Corporations				
SUBJECT	Florida Residential Handyman Services LLC.				
Sobsect	Name of Limited Liability Company				
The enclos	ed Articles of Organization and fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning this matter to the following:				
	Lorant Simon				
	Name of Person				
	Florida Residential Handyman Services				
	Firm/Company				
	131 Burroughs Dr.	<u> </u>			
	Address	- 15 · · ·			
	Palm Coast, FL 32137	**			
	City/State and Zip Code orantsimon@yahoo.com	41 <sub>4</sub>			
•	E-mail address: (to be used for future annual report notification)				
For further in	nformation concerning this matter, please call:	; Çî			
	Lorant Simon 808 375-9795 at ( )				
	Name of Person Area Code Daytime Telephone Number	-			
Enclosed is	a check for the following amount:				
,]\$125.00 Fi	(additional copy is enclosed) Certified (	e of Status &			
	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

	Handyman Services LLC. tain the words "Limited Li	iability Comp	pany, "L.L.C.," or "LLC.")	
			<b>,</b> ,,	
ARTICLE II - Address: The mailing address and street a	ddress of the principal off	fice of the Li	nited Liability Company is:	
Princip	Principal Office Address:		Mailing Address:	
131 Burroughs Dr.			131 Burroughs Dr.	
Palm Coast, FL 3211	37		Palm Coast, FL. 32137	<del></del>
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registration address of the registered a Lorant Simon	nagent are:  Name  (P.O. Box No.	ent. You must designate an indivi	dual or 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.
	City	State	Zip	
			or the above stated limited liability	

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Lorant Simon 131 Burroughs Dr. Palm Coast, FL 32137 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1/1/2018 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member, document is executed in accordance with section 605 0203 (1) (b). Elevide

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lorant Simon

Typed or printed name of signee

## 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)