

# L18000089113

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000116233 3)))



H18000116233ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. ONE-HANDY BUILDER LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

2018 APR 12 PM 4:29

CORPORATIONS  
DIVISION OF COMMERCIAL  
REGISTRATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 APR 12 AM 11:07

FILED

APR 13 2018

K. PAGE

H18000116233

ARTICLES OF ORGANIZATION  
OF  
ONE-HANDY BUILDER LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I

The name of the Limited Liability Company is:

ONE-HANDY BUILDER LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is 1470 NW 107 Avenue Suite E Miami, Florida 33172.

ARTICLE III

The name and the Florida Street address of the initial registered agent is:

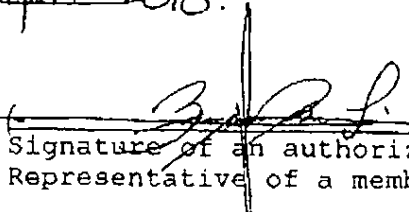
TAX MANAGEMENT SERVICES CORP  
1470 NW 107 AVENUE  
SUITE E  
MIAMI, FL 33172

H18000116233

H18000116233

ARTICLE IV, V  
PROVISIONS

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 12 day of April 2018.

  
\_\_\_\_\_  
Signature of an authorized  
Representative of a member

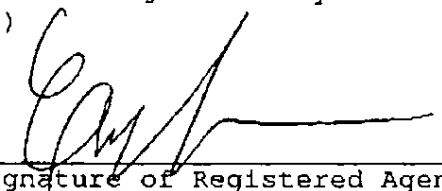
(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitute a third degree felony as provided for in Section 817.155, F.S.)

Byron Lopez  
\_\_\_\_\_  
Printed name of signee

## STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitute a third degree felony as provided for in Section 817.155, F.S.)

  
\_\_\_\_\_  
Signature of Registered Agent

Evelyn Chaponick  
\_\_\_\_\_  
Printed name of signee

H18000116233