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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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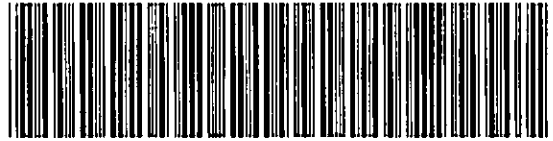
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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K. PAGE
MAY 15 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Wam Wam Handyman Services, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beryl N Stokes, CPA

Name of Person

Sandy Stokes, PLLC

Firm/Company

1035 W. Dixie Avenue

Address

Leesburg, FL 34748

City/State and Zip Code

EMBRecordsLLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beryl N Stokes

352

678-6078

at (

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$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

ARTICLE I - Name: The name of the Limited Liability Company is:

Wam Wam Handyman Services, LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

216 Bisby Street
Leesburg, FL 34748

Mailing Address:

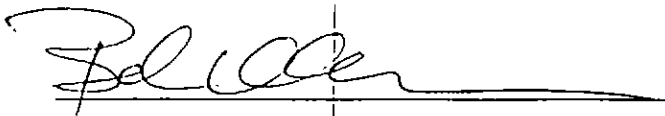
216 Bisby Street
Leesburg, FL 34748

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Beryl N Stokes
1035 W Dixie Ave
Leesburg, FL 34748

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..



Registered Agent's Signature

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

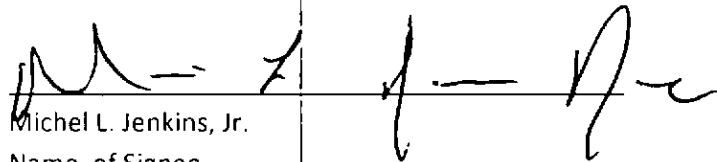
Managing Member

Michel L. Jenkins, Jr.
216 Bisby Street
Leesburg, FL 34748

ARTICLE V: Effective date, if other than the date of filing: Immediate

ARTICLE VI: Other provisions, if any. None

REQUIRED SIGNATURE:



Michel L. Jenkins, Jr.
Name of Signee

Signature of a member or an authorized representative of a member. 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.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA