L18000121356

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE
AND ANASSEE, FLORID

D O'KEEFE MAY 1 6 2018

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJEC	Let Us Do It Services LLC	
COUL		mited Liability Company
The encl	osed Articles of Organization and fee(s) a	re submitted for filing.
Please re	eturn all correspondence concerning this n	natter to the following:
	Miranda R Hays	
		Name of Person
	Let Us Do It Services LLC	
	,	Firm/Company
	1153 Jennings Dr	
		Address
	Holiday FL 34690	
	mirandareanne@gmail.com	City/State and Zip Code
		d for future annual report notification)
For furthe	r information concerning this matter, plea	sc call:
	Miranda R Hays	707 ,514-5440
	Name of Person	Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:	
] \$125.00	Filing Fee \$\ \tag{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Let Us Do It Service	· I I C			
	tain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ABTICLE II A A A				
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
1153 Jennings Dr			1153 Jennings Dr	
Holiday FL 34690		Holie	Holiday FL 34690	
another business entity with an	active Florida registratio	Registered Agent. \on.)	nt's Signature: You must designate an individual or	
another business entity with an	active Florida registration address of the registered Miranda R Hays	Registered Agent. \on.)		
another business entity with an The name and the Florida street	active Florida registration address of the registered	Registered Agent. \ n.) dagent are: Name	You must designate an individual or	
another business entity with an	active Florida registration address of the registered Miranda R Hays 1153 Jennings Dr	Registered Agent. \ n.) dagent are: Name	You must designate an individual or	
another business entity with an	active Florida registration address of the registered Miranda R Hays 1153 Jennings Dr Florida street addres	Registered Agent. You.) I agent are: Name S (P.O. Box NOT ac	You must designate an individual or	

(CONTINUED)

FILED

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Miranda R Hays 153 Jennings Dr Holiday FL 34690
————————————————————————————————————	
(Use attachment if necessary)	
If an effective date is listed, the date must be speci- he date of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed a State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	b
	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.

Miranda R Havs

Typed or printed name of signee

Filing Fees:

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)