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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LIFEBOAT HANDYMAN (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: CHARLES PARKER JR. WILMA SUE PARKER Name of Person
157 PADDLEFOOT DR.
PEGRAM TN: 37143 City/State and Zip Code Willygirl 798 a amail. Com E-mail address: (to be used for future annual report notification)
E-mail Address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WILMA S. PARKERAL (615) 9280221 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address Street Address

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

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



ARTICLE I - Name:

The name of the Limited Liability Company is:

LIFEBOATHANDYMAN LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 157 PADDLE FOOT DR PEGRAM TENNESSEE 37143	Mailing Address: 157 PADDLE FOOT DR PEGRAM TO 37143
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	d Agent's Signature: .gent. You must designate an individual or

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

PMBH34L/563 CAPITAL CIR. SE#
Florida street address (P.O. Box NOT acceptable)

TALLAHACSE FLORIDA 32301

City State Zip

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 regisfered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

PILED 2018 OCT 25 PH 12: 34 NIT AHASSEF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	CHARLES PARKER JR
mGR_	PEGRAM TN 37143 WILMA S. PARKER 157 PADDLEFPOT DR PEGRAM TN 37143
(I be attachment if = accomment	
in effective date is listed, the date must be date of filing.) te: If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be lis
FICLE V: Effective date, if other than the d in effective date is listed, the date must be date of filing.) (e: If the date inserted in this block does not document's effective date on the Department.)	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be lis
TICLE V: Effective date, if other than the d n effective date is listed, the date must be date of filing.) te: If the date inserted in this block does not document's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be listent of State's records.
TICLE V: Effective date, if other than the date of filing.) te: If the date inserted in this block does not document's effective date on the Department of the date of the date of the Department of Department of the Department of	specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be list

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)