# 118000201188

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400321046024

18 NOV 19 AM 9: 21

NOV 2 0 2018



### FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/19/18

NAME: HANDY LAD & DAD LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ABBIE/PAUL HODGE

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of the Limited Liability Company is:

HANDY LAD & DAD LLC

#### ARTICLE II ADDRESS

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

2970 BONKIRK DRIVE

DELTONA, FLORIDA 32738

#### ARTICLE III REGISTERED AGENT

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

**ASHLEY DETERS** 

2970 BONKIRK DRIVE

DELTONA, FLORIDA 32738

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.

X Ashley Deters
ASHLEY DETERS / Registered Agent's signature

#### PAGE 2 HANDY LAD & DAD LLC

#### ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
NICHOLAS DETERS
2970 BONKIRK DRIVE
DELTONA, FLORIDA 32738

AUTHORIZED MEMBER BOYD DETERS 2970 BONKIRK DRIVE DELTONA, FLORIDA 32738 FILED
18 HOV 19 AM \$ 21

NICHOLAS DETERS / Authorized Representative's signature

(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 constitutes a third degree felony as provided for in s.817.155, F.S.)