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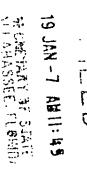
(Re	questor's Name)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
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COVER LETTÉR

TO: New Filing Section Division of Corporations
SUBJECT: BLT Handy man 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:
BRADIPY S. TGY/OR Name of Person
BLT Handy man LLC Firm/Company
11651 CardiFF DR. Address
FORT MYPRS, F.L. 33908 City/State and Zip Code
LeilonneeTC CmaiL, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BRad ley 5. TayloRat (419) 203-1753 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (Company is:		
Must contain	T Handy man the words "Limited Liability Com	LLC.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ress of the principal office of the Li	imited Liability Company is:	
Principal (Office Address:	Mailing Address:	
11651 Cardi FORT MYE	FF DR: RS. FL 33908	11651 Cardiff DR FORT MYERS, FL	33908
another business entity with an acti The name and the Florida street add	nnot serve as its own Registered A ive Florida registration.)	gent. You must designate an individual	or 19 0年
Having been named as registered age place designated in this certificate, I k further agree to comply with the provi	FORT MYEL City State ent and to accept service of process, hereby accept the appointment as relations of my position as registered of the process of the p	DR.	ipacity. I duties, and I

(CONTINUED)

ARTICLE IV-

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

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or 90 da
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or 90 da
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ill not be sures.
ill not be