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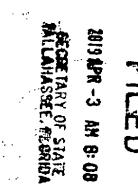
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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K Brumbley

SUBJECT	The Stellar Handyman LLC:
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Robert Gregory Harrison
	Name of Person
	The Happy Handyman
	Firm/Company
	5041 Emory Drive
	Address
	Wesley Chapel. Florida 33543
1	City/State and Zip Code fixedright2019@gmail.com
	E-mail address: (to be used for future annual report notification)
or further is	iformation concerning this matter, please call:
	Greg Harrison 352 999-1214
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:

### **Mailing Address**

New Filing Section Division of Corporations P.O. Box 6327

## Street Address

New Filing Section Division of Corporations Clifton Building

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Stellar Handyman LLC.	
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
Principal Office Address:	fice of the Limited Liability Company is:  Mailing Address:
The mailing address and street address of the principal off  Principal Office Address:  5041 Emory Drive	

(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.)

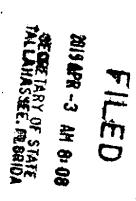
The name and the Florida street address of the registered agent are:

Robert G Harrison		
	Name	
5041 Emory Drive		
Florida street addres	s (P.O. Box <b>NOT</b> acc	eptable)
Wesley Chapel	Florida	33543
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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)



	۵,	<b>N</b>
Title "AN	<u>e.</u> ABR" = Authorized M	Name and Address:
	GR" = Manager	CHOC
1.10	MG 2 _	Pohaet Citianing
	— <u> </u>	Robert G Harrison 5041 Emory Drive
		Wesley Chapel, Florida 33543
		Wester Chaper, Plottua 55545
		<u> </u>
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		<del></del>
(Use	attachment if necessa	ry)
RTICLE V:	Effective date, if other	r than the date of filing: (OPTIONAL)
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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)