

L19000163890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

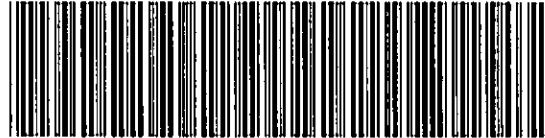
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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19 JUL -7 PM12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGA**

JUL 3 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Handy Matters Help 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:

John Bruhn

Name of Person

Handy Matters Help LLC

Firm/Company

19046 Bruce B Downs Blvd Ste B6 #781

Address

Tampa FL 33647

City/State and Zip Code

handymattershelp@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Bruhn

Name of Person

at 813

Area Code

32-4531

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
- Apply Fee from previous payment (letter attached)

Mailing Address

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2019

JOHN BRUHN
19046 BRUCE B DOWN BLVD. STE B6 #781
TAMPA, FL 33647

SUBJECT: HANDY MATTERS HELP LLC
Ref. Number: W19000061578

We have received your document for HANDY MATTERS HELP LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only received (1) page of the returned application. I am enclosing the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 019A00013479

*7/3/19 2:58
email*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HandyMatters Help 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:

Mailing Address:

19046 Bruce B Downs Blvd
Ste B6 # 781
Tampa FL 33647

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

John Bruhn

Name

7718 Tuscan Bay Circle

Florida street address (P.O. Box NOT acceptable)

Wesley Chapel FL

City

State

33545

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



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

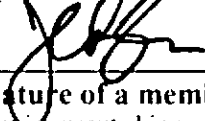
John Bruhn
7718 Tuscan Bay Circle
Wesley Chapel FL 33545

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member
This document is executed 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.

John Bruhn

Typed or printed name of signee

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)