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## **COVER LETTER**

TO:

**New Filing Section** 

Tallahassee, FL 32314

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**Division of Corporations** The Turn Two Handy Man Service SUBJECT: 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: Roy Ferris Name of Person The Turn Two Handy Man Service Firm/Company 117 Countri Ln. Address Cantonment, Florida 32533 City/State and Zip Code royferris51@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roy Ferris 850 377-5140 at ( Area Code Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$125,00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street Address **New Filing Section** New Filing Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

5 ?

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	19 11/8 26 44 7
The Turn Two Handy Man Service L.L.C. (Must contain the words "Limited Liabili	tu Company "L.L.C." or "LLC.")
(Musi contain the words Thinned Chapin	ty Company, E.E.C., or LEC. )
ARTICLE II - Address: The mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
117 Countri Ln.	117 Countri Ln.
Cantonment,Fl.	Cantonment,Fl.
32533	32533
The name and the Florida street address of the registered agent  Roy Ferris  Nam  117 Countri Un	
Florida street address (P.O.	<del></del> ' '
<u>Cuntonment</u> F	F(, 325 <sup>3</sup> 3 State Zip
City	State Zip
Having been named as registered agent and to accept service of p place designated in this certificate, I hereby accept the appointme further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regi	nt as registered agent and agree to act in this capacity. It to the proper and complete performance of my duties, and I istered agent as provided for in Chapter 605, F.S.,
Registered A	gent's Signature (REQUIRED)
(CO	NTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:	19 -US 26 BU	7: 5
"MGR" = Manager AMBR Roy Ferris	117 Countri Ln. Cantonment, Fl.		-
	32533		
AMBR Carmen Ferris	117 Countri Ln. Cantonment, Fl.		
	32533		
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(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of State	and cannot be more than five busing applicable statutory filing requires	ess days prior to or 90 days a	
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:			
This document is executed in I am aware that any false infor	or an authorized representative of accordance with section 605.0203 (1 mation submitted in a document to the sy as provided for in s.817.155, F.S.	) (b), Florida Statutes.	
Roy Ferris	ed 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)