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(Requestor's Name)	_
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(City/State/Zip/Phone #)	_
☐ PÎCK-UP ☐ WAIT ☐ MAIL	
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(Business Entity Name)	
(Document Number)	_
2.	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	٦
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COVER LETTER

TO: New Filing Section Division of Corporations CLIPTICAL CONTROL CONTRO
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:
Matthew Tyler Garber Namy of Person
58 Ed Hartsfield Rd.
Paracla FL 32346 City/State and Zip Code Teliabarusick @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Ga (be 850 (G) - 8551 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status & Certificate Of
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

١	Κi	I (l . P.	l - Name:

The name of the Limited Liability Company is:

Plumb Crazy thandyman Services UC
(Must contain the words "Limited Liability Company, "L.L.C." or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

58 Ed Houtsfield Rd

Fanacla FL 3234le

Paracla FL 3234le

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:

Name

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

Tortida Street address (1:0: Dox 1:07 accoptance)

ity State

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)

III SEP 20 AA IO: T:

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR. Owner	Matthew Carber 58 Ed Hartsfield Rd Marcher FL 32346
e of filing.) If the date inserted in this block does not occurrent's effective date on the Department	ecific and cannol be mole than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
TLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	lew Garber
This document is executed any false.	nember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

Filing Fees:

Matthew Type C
Typed or printed Jame of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)