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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
ATTORNEY GENERAL

2019 OCT 22 PM 3:24

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Helping Hands Cleaning etc  
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:

Betsy Edwards + Lori Hemawes  
1012 Solomon Dairy Rd  
Address  
Quincy FL 32352  
City/State and Zip Code  
BETHKINS50@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Hemawes at ( 850 ) 901-1459  
Name of Person Area Code Daytime Telephone Number  
Alt - Betsy Edwards 850 510-1111

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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Helping Hands Ect. 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:

1012 Solomon Dairy Rd.  
Quincy Fl.  
32352

1012 Solomon Dairy Rd.  
Quincy Florida  
32352

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:

Lori Hernanes  
Name

1012 Solomon Dairy Rd.  
Florida street address (P.O. Box NOT acceptable)  
Quincy Florida 32352  
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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Lori Hernanes  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

AMBR

\_\_\_\_\_

\_\_\_\_\_

Name and Address:

Lori Keigans Hemanes  
5774 White Hill Lane  
Tallahassee, FL 32304

Betsy Edwards  
1012 Solomon Daley Rd  
Quincy, FL 32352

\_\_\_\_\_

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

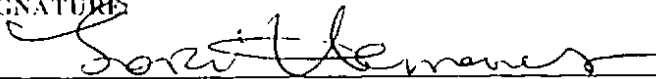
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: 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.

LORI Hemanes

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA

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