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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
P WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates of	Status			
Special Instructions to Filing Officer:				
	(Address) (Address) (City/State/Zip/Phone #) P			

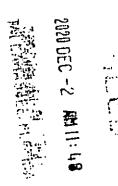
Office Use Only

FIX 23 TIPS



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COVER LETTER

Div	ision of Corporations			
SUBJECT:	Handyman McCann			
		Limited Liabilit	y Company	
The enclosed	d Articles of Organization and fee(s)	are submitted (or filing.	
Please return	all correspondence concerning this	matter to the fe	llowing:	
;	Steven McCann			
-		Name of I	Person	
;	Handyman McCann			
-		Firm/Con	npany	
:	571 Bellaire Drive			
-		Addre	SS	
,	Venice Florida 34293			
m	ır45mph@gmail.com	City/State and	Zip Code	
_	E-mail address: (to be us	sed for future ar	nual report notifica	tion)
For further in	formation concerning this matter, ple	ase call:		
S	steven McCann at (215	917-1846	
_	Name of Person		Daytime Telepho	
Enclosed is	a check for the following amount:			
\$ 125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Certifie (additiona	Filing Fee & d Copy (copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	5	Street Address	

New Filing Section

TO:

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Handman McCann LLC	·		
(Must contain	the words "Limited Liab	lity Company, "L.L.C	C.," or "LLC.")
TICLE II - Address:			
mailing address and street addr	ess of the principal office	of the Limited Liabil	ity Company is:
Principal (Office Address:		Mailing Address:
571 Bellaire drive		571 Bellair	e Drive
Venice Florida 34293 TICLE III - Registered Agent e Limited Liability Company cather business entity with an acti	, Registered Office, & R	Venice Flo	rida 34293 gnature:
Venice Florida 34293 TICLE III - Registered Agent e Limited Liability Company ca	, Registered Office, & R nnot serve as its own Reg ve Florida registration.)	Venice Flo gistered Agent's Sig stered Agent. You m	rida 34293 gnature:
Venice Florida 34293 TICLE III - Registered Agent e Limited Liability Company cather business entity with an action and the Florida street address and the	Registered Office, & R nnot serve as its own Reg ve Florida registration.)	Venice Flo gistered Agent's Signstered Agent. You me	rida 34293 gnature: ust designate an individual o
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Venice Florida 34293 TICLE III - Registered Agent e Limited Liability Company cather business entity with an action and the Florida street address and the	, Registered Office, & R nnot serve as its own Reg ve Florida registration.)	venice Flo Venice Flo gistered Agent's Signstered Agent. You me at are: M. Carry ne	rida 34293 gnature: ust designate an individual o
Venice Florida 34293 TICLE III - Registered Agent e Limited Liability Company cather business entity with an action name and the Florida street additional actions of the Florida street additional acti	Registered Office, & R nnot serve as its own Reg ve Florida registration.) tress of the registered age STeven Na 571 Sellard	venice Flo Venice Flo In gistered Agent's Signature Signature In are: Market Agent. You make a signature Signature Market Agent. You make a signature Signature D. Box NOT acceptal	gnature: ust designate an individual o

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)



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:
"MGR" = Manager	
MGR.	Steven McCann
	571 Bellaire Drive
	Venice Florida 34293
(Use attachment if necessary)	
TICLEV. Effective date if other than the date	e of filing: (OPTIONAL)
an effective date is listed, the date must be so	pecific and cannot be more than five business days prior to or 90 days after
date of filing.)	
	meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on the Department	of State's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
7	
	ember 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.

Steven McCann

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)