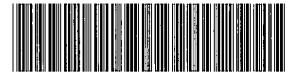
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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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020 JUN 23 PH 2: 2"

COVER LETTER

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2020 JUN 23 PM 2: 27

TO: New Filing Section **Division of Corporations** Hopson Handyman Service, LLC The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following. Mark P. Hopson
Name of Person Firm Company 12207 Winding Woods Way Bradenton, FL 34202 City/State and Zip Code Markphopson @gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark P. Hopson at (973) 699-1795

Name of Person Area Code Davtime Telephone Number Enclosed is a check for the following amount: XS125 00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee.

Mailing Address

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

Certificate of Status

Street Address

(additional copy is enclosed)

Certified Copy

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status &

(additional copy is enclosed)

Certified Copy

	ART	TICLES OF C	RGANIZATIO	N FOR FLO	RIDA LI	MITED LIABIL	TIY COMPANY	
ARTICLE I		ed Liability	Company is:					
		Hope	ion H	andyn	194	Servic	e, LLC	
_	(i	Must contain	i the words "L	imited Liab	ility Co	mpany, "L.L.C.	." or "LLC.")	
ARTICLE I			ress of the pri	ncipal office	of the l	Limited Liabilit	y Company is:	
		Principal	Office Addre	<u>ss</u> :			Mailing Add	iress:
	12207	Wind:	ng Wood L 3420	ls Way				
	Braden	ton, F	L 3420	2	_		SAME	
The Limited mother busi	d Liability iness entity	Company ca with an act		its own Reg gistration.)	istered	ed Agent's Sigr Agent, You mu:	nature: st designate an ir	ndividual or
			Ma.	K P	На	٥٤٥		
				Na	me	0300		
			12207	wind	ing	W ဝ ဘါ S <u>NOT</u> acceptabl	M ay	
			Florida street	address (P.	O. Box	NOT acceptabl	e)	

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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А	ĸ	11	ι.,	L.F.	1 ¥	-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AR	Mark Hopson 12207 Winding Woods Way Bradenton FC 34202
	12207 Winding Woods Way Bradenton FC 34202
	DI Jaenion , I'C 3420 Z
MGR	Carol Roessner
	Bradenton, FL 34202
of filing.)	date of filing. $\frac{O7 / Ot / 2020}{2020}$. (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lie
ument's effective date on the Departm	
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Jan Palan
This document is ex I am aware that any I constitutes a third de	n member or an authorized representative of a member. ecuted in accordance with section 605,0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
^	Tark P. Hopson

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)