## Florida Department of Sta Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000331887 3)))



H200003318873ABC%

To:		1	(
	Division of Corporations		
	Fax Number : (850)617-6381		
		,	
From:	THE STATE OF THE STATE OF THE		
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	4	
	Account Number : I200000000019		
	Phone : (385)552-5973	7. (- J	-
	Fax Number ; (305)675-5944		•
**Ent	er the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.**	iture	

## FLORIDA LIMITED LIABILITY CO. S&C HANDYMAN, LLC

Certificate of Status .	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

20 SEP 23 PM IO: 27 SLOWE LAW OF STARR LANDASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Holp

DOWTER

SEP 2 2023

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
58C HANDYMAN, LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limite: Company is:	Liability
1923 SW 107 Ave \$107	표원 2
Hiami, Cl 33165	SEP CMLI
	SSEE
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Linux Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	On One of the Control
1923 SW 107 Arc \$107	
1923 Sw 107 Arc \$107 Miami Fl 33165	<u> </u>
SANDRA LESCAILLE ALEMAN	<u> </u>
ARTICLE IV The name and title of each person authorized to manage and control the Liability Company: (MGR or AMBR)  Sandra lescaille Aleman (Paramillo Cairo Falcon (Paramillo Cairo Falcon)	mited

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)

20 SEP 23 PHIO: 37