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COVER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: Smiling Homes Handyman Services LLC 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:
William D. Haneline Name of Person
name of Ferson
Firm/Company
1618 Fort Mende Rd. B.
Address : III
Frostproof, F1. 33843 City/State and Zip Code Williamdhaneline@gmail.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
F-mail address: (to be used for future annual report notification)
<u> </u>
For further information concerning this matter, please call:
William D. Handline at 810, 577-5519
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division
Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΑR	П	CI	Æ	I-	N	ame	:
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The name of the Limited Liability Company is:

Smiting Homes Handyman Services LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
1618 Fort Mende RL.	1618 Fort Mente R.L.		
Frostproof, FL. 33843	Frastproof, Fl. 33843		
	- ,		

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:

William 3	D. Hunel	ine
	Name	
1618 FOT 1	Mande Ro	~ 5
Florida street address	(P.O. Box <u>NOT</u>	acceptable)
Frustproof	FI.	33843
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..

Registered Agent's Signature (REOUIRED

(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 AMBR	William D. Haneline 1618 Fort Mende Road Frostproof, Fl. 33843		
(Use attachment if necessary)	late of filing:		
If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as		
ARTICLE VI: Other provisions, if any.			
This document is ex- I am aware that any t	member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, lake information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.		
W:	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)