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Derrick Thompson
11/18/2020

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COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: THE HANDY HELPERS II 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:

PAMELA A GREEN
Name of Person

EXPRESS 1040 INC
Firm/Company

319 3R ST NW
Address

WINTER HAVEN FL 33881
City/State and Zip Code

HANDYASTHEYCOME@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAMELA A GREEN at (863) 293-1413
Name of Person | Area Code | Daytime Telephone Number

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

THE HANDY HELPERS II 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:**
12916 ELLIS ISLAND DR	12916 ELLIS ISLAND DR
JACKSONVILLE FL 32224	JACKSONVILLE FL 32224

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:

VANESSA HICKS
Name

12916 ELLIS ISLAND DR
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE	FL	32224
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 (REQUIRED)

(CONTINUED)

ARTICLE IV-
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	
AMBR	MICHAEL HICKS 12916 ELLIS ISLAND DR JACKSONVILLE FL 32224
AMBR	VANESSA HICKS 12916 ELLIS ISLAND DR JACKSONVILLE FL 32224
MGR	DOUG THOMAS 639 GAINES LN FERNANDIAN BEACH FL 32034
MGR	MICHAAEL SCHNEIDER 7175 EAGLE PERCH DR JACKSONVILLE FL 32244

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 1, 2020 . (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 a 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.

VANESSA HICKS
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)

ATTACHMENT ARTICLE IV

MGR	MARK TURNER 9010 HECKSCHER DR. UNIT #5 JACKSONVILLE FL 32226
MGR	ERIC HAINES 9010 HECKSCHER DR UNIT #5 JACKSONVILLE FL 32226
MGR	SHAWN RANDOLPH 2700 MIZELL AVE , APT #201B FERNANDINA BEACH, FL 32034
MGR	HUNTER MILNER 313 SONDRA COVE TRAIL EAST JACKSONVILLE FL 32225
MGR	CHRISTIAN ROBERTS 12916 ELLIS ISLAND DR JACKSONVILLE FL 32224
MGR	HANNAH N CLARK 12916 ELLIS ISLAND DR JACKSONVILLE FL 32224