

L21000086706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FLORIDA

3/2/21  
*[Signature]*

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Matthews Painting and 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:

Phillip L Matthews

Name of Person

Matthews Painting and Handyman Services

Firm/Company

17715 SE 25th AVE

Address

Summerfield Florida 34491

City/State and Zip Code

*all lower case*  
**Matthews Phillip 55 at Gmail - com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip Matthews

352

at (

**233-3363**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Matthews Painting and Handyman Services 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:

17715 SE 25th AVE

Summerfield FL 34491

Mailing Address:

17715 SE 25TH AVE

Summerfield FL 34491

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:

Phillip L Matthews

Name

17715 SE 25th AVE

Florida street address (P.O. Box **NOT** acceptable)

Summerfield

FL

34491

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.*

Phillip L Matthews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

**Name and Address:**

"MGR" = Manager

[illegible]

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL.)  
 \_\_\_\_\_, at least \_\_\_\_\_ days prior to the filing of this document.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: Hinda Shepherd

This document is executed in accordance with section 695.0203 (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.

Linda Shepherd

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA