

L21000527969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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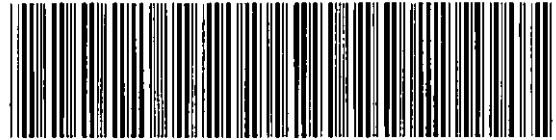
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BILL'S QUALITY HANDYMAN

SERVICES, LLC

Signature _____

Requested by: BA

12/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
✓ ____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **WILLIAM GAULT, 5050 FARIWAY
CIRCLE E201, VERO BEACH, FL 32967**

ARTICLE IV: AUTHORIZED MEMBER

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

**WILLIAM GAULT, Authorized Member, 5050 FARIWAY CIRCLE E201, VERO
BEACH, FL 32967**

The undersigned has executed these Articles of Organization for filing purposes this 14th
day of December 2021.

**/S/ WILLIAM GAULT as Authorized Representative for BILL'S QUALITY
HANDYMAN SERVICES, LLC**

Authorized Representative

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TALLAHASSEE, FL

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **BILL'S QUALITY HANDYMAN SERVICES, LLC**
2. The name and street address of the registered agent and office is:

WILLIAM GAULT, 5050 FARIWAY CIRCLE E201, VERO BEACH, FL 32967

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ WILLIAM GAULT

**_____
WILLIAM GAULT**