11/11/22, 11:31 AM

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : FASTKIT CORP Account Number : 120100000009

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. D.R.A. HANDYMAN SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	STEP SENDENT COURTMAN
RTICLE I - Name:	
is come of the Limited Liability Company is:	
and a region of	
D.R.A. HANDYMAN SERVICES, LLC	
(Must commin the words "Limited Linbility Com	nany 47 CC Um 48 CC IA
	pany, 2.2.0., or 200,)
RTICLE II - Address:	
is malling address and simet address of the principal office of the Li	mited Liability Company is:
• •	
Principal Office Address:	Mailing Address:
630 22md Place Bast	
Bradenton, Plorida 34208	
	· · · · · · · · · · · · · · · · · · ·
RTICLE III - Registered Agent, Registered Office, & Registered	Acent's Signatures
and Dumited Little by Company Cannot serve as his now Registered As	ent. You must designate en individual or
other business entity with an active Florida registration.)	year I so I said the said the said the said the
e name and the Florids street address of the registered agent me:	

Name

630 22nd Place Best
Florida sixest address (P.O. Box NOT accominhis)

Bradentga Florida 34208

City State Zip

Having been named as registered agent and to accept survice 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 parformance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, P.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Rocer Morales 630 22nd Place Bast Bradering Florida 34208
(Use attachment if necessary)	
in date of filing.)	edfiling:
IKTICLE VI: Other provisions, if any,	Of State & Fection.
REQUIRED SIGNATURE:	
I am aware finit any fisike oonstitutes a third degree	imbor or an anthorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a decument to the Department of State a felony as provided for in s.817.155, F.S.
Royes	MORALS Typed or printed name of signes

Filing Fees:

\$125.09 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)