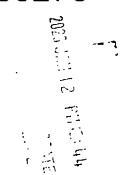
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(Requestor's Name)
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PICK-UP WAIT MAIL
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fied Copies Certificates of Status
nal Instructions to Filing Officer

Office Use Only



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TO DO TO THE WARD, TO



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COVER LETTER

TO:	New Filing Section
	Division of Cornerations

SUBJECT: Kelly and Sons Handyman and Carpenty Services LCC
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:

Jesse IKelly Tr
Name of Person
Firm/Company
4288 Sundpine Dr
Address
Tallahassee Fla 32305 City/State and Zip Code
City/State and Zip Code
Jesselkelly Q Gmail. Com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tessell(elle at (5378), 321-7128

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	Α	R	T	K	1.	E	Ι	-	N	a	m	œ	:
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The name of the Limited Liability Company is:

Kellyand Sans Hundyman and Car Pentry 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:	Mailing Address:
4288 Sandpine Dr	4288 Sandpine Dr
Tullaharsee Fly 32305	Telluhassee Fla
	32705

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:

Tesselkelly Jr

Name

4238 Sandpine Dr

Florida street address (P.D. Box NOT acceptable)

Tallahssiec Fla 32305

City State Zip

daying been named as registered agent and to accept service of process for the above stated limited liability company at the shace designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. It is then agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I satisfies 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)

2023 12 Pilit: 44

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ARTICLE IV-

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

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		~
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