

**L230000066145**

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.



M230000537873ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BACHELOR AND ASSOCIATES, INC.  
Account Number : 120000000120  
Phone : (954)421-3315 954-752-2758  
Fax Number : (954)752-4183

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

Email Address: Ingrid@bachelorandassociates.com

**FLORIDA LIMITED LIABILITY CO.**  
**Harriett Helping Hands, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

**ARTICLES OF ORGANIZATION  
OF  
Harriett Helping Hands, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I  
NAME**

The name of this limited liability company is:

**Harriett Helping Hands, LLC**

**ARTICLE II  
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

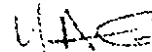
1107 Cherry Valley Way  
Orlando, Florida 32828

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Yvonne Guthrie-Lewis  
1107 Cherry Valley Way  
Orlando, Florida 32828

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.



Yvonne Guthrie-Lewis  
Registered Agent

(((H23000053767 3)))

**ARTICLE IV  
MANAGEMENT**

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as follows:

Yvonne Guthrie-Lewis  
1107 Cherry Valley Way  
Orlando, FL 32828

Manager

Yvonne Guthrie-Lewis  
Name: Yvonne Guthrie-Lewis  
Title: Authorized Representative of the  
Members.

(In accordance with Section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. 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.)

(((H23000053767 3)))