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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USA GESTIONES, LLC

Account Number : 120230000016 Phone : (305)965-6948 Fax Number : (305)508-6375

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.

Jean Richard Handyman, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Electronic Filing Menu Corporate Filing Menu

Τo

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:				
AMBR	JEAN RICHARD COMPERE 300 NE 44TH ST DEERFIELD BEACH, FL 33064				
(Use attachment if necessary)					
(If an effective date is listed, the date must be the date of filing.)	ac of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days aft t meet the applicable statutory filing requirements, this date will not be listed nt of State's records.				
ARTICLE VI: Other provisions, if any.					
REOUIRED SIGNATURE:					
Signature of a c This document is exec I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.				
<u>LUIS M POYA</u>	VIO Typed or printed name of signee				

Filing Frest

- \$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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1-1230001255803

ARTICLE I - Name:

To.

The name of the Limited Liability Company is:

JEAN RICHARD HANDYMAN, LLC

(Must contain the words "Limited Liability Company, "L.U.C.," or "LUC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

300 NE 44TH ST DEERFIELD BEACH, FL 33064 306 NE 44TH ST DEERFIELD BEACH, FL 33064

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 Fiorida registration.)

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

JEAN R COMPERE

Name

300 NE 44TH ST

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

DEERFIELD BEACH

City

FL State

(CONTINUED)

33064 Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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 agreeistered agent as provided for in Chapter 605, F.S.

rgeni(s Signature LRPOUIRED)

2023 APR -4 AN 10: 0