

4/4/23, 9:48AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000154291

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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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FALL AND STATE FILING

H23000 1255 803

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H 230001255803

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEAN RICHARD HANDYMAN, 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:300 NE 44TH STDEERFIELD BEACH, FL 33064300 NE 44TH STDEERFIELD 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 Florida registration.)

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

JEAN R COMPERE

Name

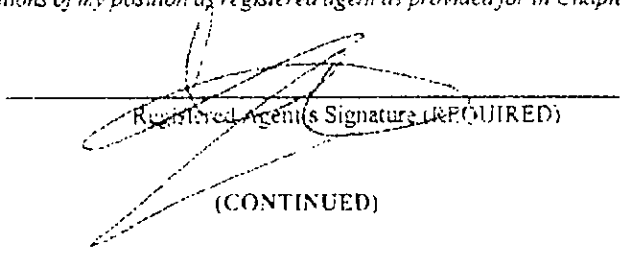
300 NE 44TH STFlorida street address (P.O. Box NOT acceptable)DEERFIELD BEACHFL33064

City

State

Zip

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.


Registered Agent(s) Signature (REQUIRED)

(CONTINUED)

FALLAH, SSI, FLORIDA

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