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(Requestor's Name)
(Address)
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(163,555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COMMISSION COMMISSION

2023 HAR 23 PH 4: 45



COVER LETTER

	ew Filing Sectivision of Con				
SUBJECT	AAA Hand	dyman Services LLC			
SOBJECT	· -	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Organization and fee(s) are	submitted for filing.		
Please retui	rn all correspo	ondence concerning this ma	tter to the following:		
	Alberto Vice	ens			
			Name of Person		
	AAA Handy	man Services LLC			
	Firm/Company				
	2628 Tamera	a Ct			
Address					
	Apopka, FL	32712			
-		amercac	ty/State and Zip Code 1 7 9 0 Cl for future annual report notificati	id com	
For further in		ncerning this matter, please	•		
Alberto Vicensat (107, 437.75 ea Code Daytime Telephon	42 e Number		
Enclosed is	a check for the	he 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		g Address	Street Address		

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FI, 32314

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

AAA Handvman Services LLC (Must conatin the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2628 Tamera Ct	2628 Tamera Ct
Apopka, FL 32712	Apopka, FL 32712

Holly Vicens

Name

2628 Tamera Ct

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

Apopka FL 32712

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)

2023 MAR 23 PH 4: 45

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Alberto Vicens
7111011	2628 Tamera Ct
	Anonka, FL 32712
	<u> </u>
	AAR R
	<u> </u>
	——————————————————————————————————————
	~ _ _
	polyce
	<u> </u>
(If an effective date is listed, the date must the date of filing.)	the date of filing: . (OPTIONAL) it be specific and cannot be more than five business days prior to or 90 days after es not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
ARTICLE VI: Other provisions, if any.	
reouired signature:	-9L.
This document is I am aware that a	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State d degree felony as provided for in s.817.155. F.S.
Alberto V	ficens
	Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)