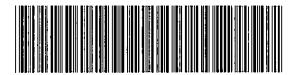
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Special Instructions to	Filing Officer:	

Office Use Only





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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Orange County Handyman LLC.  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:
Odeh Sweis
Name of Person
Firm/Company
1780 Southern Red Oak CT
Address
Ocole FL 3476/ City/State and Zip Code Odeh Sweisegmail: com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 & Certificate of Status  □\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Orange County Handyn	nan LLC.
(Must contain the words "Limited Liability Co	
ARTICLE II - Address: The mailing address and street address of the principal office of the l	Limited Liability Company is:
Principal Office Address:	Mailing Address:
1780 Southern Red Dak CT Ocoee FL 34761	1780 Southern Red Oak CT Ocoee FL 34761
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
_ Odeh Sw	eis
Name	^
1780 Souther	in Bed Oak Ot

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..

City

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

STATE OF STREET

(CONTINUED)

SECRETARY COSTATE

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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	a hali Cara's
AMRK	Oden Swers
, -	1780 Southern Red Oak CT
	Orole FL, 34761
	<del></del>
(Use attachment if necessary)	
CLE V: Effective date, if other than the dat effective date is listed, the date must be s	te of filing: May 10th 2023. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the dat effective date is listed, the date must be stee of filing.)	pecific and cannot be more than five business days prior to or 90 days a
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