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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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# **COVER LETTER**

TO: New Filing Sec			
Division of Co	rporations		
<i>/</i> -,	x it now		
SUBJECT:	TX III	dyman Servic	e 1-1-C
30b3f.C1	Name of Lin	nited Liability Company	<u> </u>
	, will of the	med sidemly company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp-	ondence concerning this ma	tter to the following:	
	South W	and !!	
<del>-</del>	76011_770	Name of Branch	
,	Scott Ho xitnou	Name of Person	
Fi)	XITHOU		
	Fixit Handy	Man Service L. L	. C.
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	E-mail address: (to be used	for future annual report notificati	ion)
For further information co	ncerning this matter, please	والمد	
1 OF Identify Information Co	succriming this matter, prease	can.	
Scott	lowell at (	850 ) 209-600	24
Nan		rea Code Daytime Telephon	
		,	
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee &	S155.00 Filing Fee &	□\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
4.0		Parray 6 13	
Maihr	ig Address	Street Address	in in it.

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

٩	R	ΤΊ	CI	LE	۱-	N:	ame	
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The name of the Limited Liability Company is:

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

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
20475NW JB Young Rd	20475 NW JB Young Rd
17/1tha, FL 32421	Altha, FZ 32421

### 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:

ScoTT Howell

Name

20475 NW JB Young Rd

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

Altha FL 32421

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)

23 Jan - 1 Mart 27

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

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member 'MGR" = Manager	
SCOTT Howell Am	so Scott Home H
יין אין אין	20475 NW 58 young Rd Altha, FL 32421
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	MITARIFL SLACI
<u>.</u>	
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