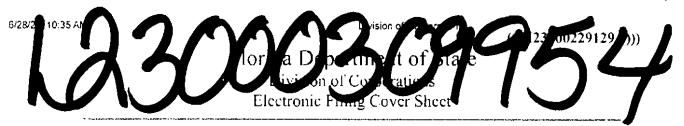
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Terry. Moore@gray-robinson.com

75 CE CE 17 E D 23 JUN 28 PH 12: 20 FLORIDA LIMITED LIABILITY CO.

Don's Painting and Handyman Services, LLC

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

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(((H23000229129 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is: DON'S PAINTING AND HANDYMAN SERVICES, LLC

## ARTICLE II - Address:

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

4108-1 Trout River Boulevard Jacksonville, FL 32208

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Donald A. Monnier

Name

4108-1 Trout River Boulevard
Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL 32208 City, State, and Zip

liaving 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: Donald A. Monnier

Article IV - Management:

The name, title and address of the person authorized to manage and control the Limited Liability Company is:

Title:

Name and Address:

MGR

Donald A. Monnier

4103-1 Trout River Boulevard

Jacksonville, FL 32208

Donald A. Monnier, Authorized Representative
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Donald A. Monnier

Typed or printed name of signee

SECRETARY OF STAT

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