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COVER LETTER

	Registration Section Division of Corporations
CHD IDC	DANILO CORNIEL HANDYMAN LLC.
SUDJEC.	T: Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	JOSE DANILO CORNIEL
	Name of Person
	DANILO CORNIEL HANDYMAN LLC.
	Firm/Company
	4822 HEADLEE DR
	Address
	ORLANDO, FLORIDA 32822
	City/State and Zip Code CORNIELDANILO93@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	JOSE DANILO CORNIEL 267 252-2653
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	RNIEL HANDYMAN LLC.	inhile Common of	LC "as MLC"	
(Mu	st end with the words "Limited I	лаонну Сотрану. п	alaca of the)	
ARTICLE II - Address: The mailing address and s	treet address of the principal off	ice of the Limited Lia	bility Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
4822 HEADL	EE DR	4822 111	EADLEE DR	
				_
ORLANDO. F ORLANDO. F ARTICLE HI - Register The Limited Liability Counother business entity w	ed Agent, Registered Office, &	: Registered Agent's Registered Agent. You .)		2023 SEP
ORLANDO, I ARTICLE III - Register (The Limited Liability Co another business entity w	ed Agent, Registered Office, & inpany cannot serve as its own R ith an active Florida registration	: Registered Agent's Registered Agent. You .)	Signature: n must designate an individual or	2023 SEP 15
ORLANDO, I ORLAND	ed Agent, Registered Office, & impany cannot serve as its own R ith an active Florida registration street address of the registered r	: Registered Agent's Registered Agent. You .)	Signature:	023 SEP 15
ORLANDO, I ORLAND	ed Agent, Registered Office, & impany cannot serve as its own R ith an active Florida registration street address of the registered r	: Registered Agent's Registered Agent, You .) ngent are:	Signature: n must designate an individual or TAGE TAGE TAGE TAGE TAGE TAGE TAGE TAG	023 SEP 15 PM
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ORLANDO, I ORLAND	ed Agent. Registered Office, & inpany cannot serve as its own Rith an active Florida registration street address of the registered r	: Registered Agent's Registered Agent, You .) ngent are: NIEL Name	Signature: n must designate an individual or The Harmonian ACC ACC SEE SEE SEE SEE SEE SEE SEE SEE SEE S	023 SEP 15 PM

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page Lof 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized N	1ember
"MGR" = Manager	MOST DANIE O CODNICE
OWNER/MCK	JOSE DANILO CORNIEL 4822 HEADLEE DR
	ORLANDO, FL 32807
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FICLE V: Effective date, if oth n effective date is listed, the d date of filing.) (a) If the date inserted in this b document's effective date on the file of the third of the file of the file.	ner than the date of filing: 08/15/2023 (OPTIONAL) late must be specific and cannot be more than five business days prior to or 90 block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.
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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)