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ALLAHASSEE, FLOR

2024 JAN 31 AN S

COVER LETTER

TO: New Filing Sec Division of Co			
SUBJECT: Sp.D.C.	Handymen I	And Light Carpenta	- L.L.C.
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
Riel	hae) m Sa	Name of Person	
		Firm/Company	
1,46	Forest Road	Address	
		Address	
Haua	NA Florida	32333 ty/State and Zip Code	
<u> </u>	ick 69 Ganail.	for future annual report notificati	
- 11	E-mail address: (to be used	for future annual report notificati	on)
For further information co	ncerning this matter, please	call:	
Richan	Sono at ()	SSO) SSQ -577 ca Code Daytime Telephon	Number
Enclosed is a check for t	he following amount:		
□S125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S\$160.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailin	o Address	Street Address	

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

Street Address
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

ARTICLE I - Nam The name of the Lin	e: nited Liability Company is:	
	Must contain the words "Limited Liab	Nicht Crapenta, L.L.C.
ARTICLE II - Add		
	Principal Office Address:	Mailing Address:
(246	Frank Rund	646 Forest Road

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:

Richa) Mathe	·w Sans
	Name	
646 7	Porest Ro	۳ ر)
Florida street a	ddress (P.O. Box <u>N</u> C	OT acceptable)
HANDAND	Fla	32333
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.

(CONTINUED)

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/1 IN I		1.1.	1 Y -

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

attachment if necessary) Effective date, if other than the date of filing date is listed, the date must be specific aring.)	E. Jan. 31, 2024 (OPTIONAL) and cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not	
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Other provisions, if any.		t be l
UIRED SIGNATURE:	Q_{α}	
Signature of a mambar o	or an authorized representative of a member.	
	ccordance with section 605.0203 (1) (b), Florida Statutes.	
	nation submitted in a document to the Department of State	
	as provided for in s.817.155, F.S.	
Kichazil M	(^	
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Турес	SADO d or printed name of signee	
Турес		
	Filing Fees:	
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