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Special Instruction	is to	Filing Officer	-

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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Fand M Handyman Service 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:
Firm/Company
176 Wallace Rd. Address
Chaffahochee Flg. 32324 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Monico Williams at (SSO) Marco Daytime Telephone Number ASSO SSO Marco Code Daytime Telephone Number SSO Marco Code Daytime Telephone Number SSO Marco Code Code
Enclosed is a check for the following amount: \$\Begin{array}{c} \left\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Mailing Address New Filing Section New Filing Section Division The Centre of Tallahassee 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 - Name:	
The name of the Limited Liability Company is:	
Educative Company is:	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II. Add	بد
······································	
The mailing address and street address of the principal office office of the principal office of the p	
The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:	
Mailing A.J.I	
Chattal Mallace Rd Marilaca Rd	
Chatter Nx 100 3 1-161.	
33.324 Tr. Makerbon 1-10, 33.37.4	
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:	
registered agent are:	
tartis Williams	
Name	
176 wallage Rd.	
Florida street address (P.O. Box NOT acceptable)	
Classia acceptable)	
- Crrittalpoher 19 32324	
Chrittalpolae Flq 32324 City State Zip	
Having been named as projection to	
place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	
_ Corlis Nilliams > Friday	77
Registered Agent's Signature (REQUIRED)	li -
S _C The	
(CONTINUED)	

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 AMBR	Monica Moro Williams 250 Farnest. O Parkley Rd. Graha Fla. 32332
Ambr	Earlis Will Kimb 250 Earnest O. Barkley Rd Gretna, Fl. 32332
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
This document is exec	member or an authorized representative of a member. Statutes a member of a member. Statutes a member of statutes and statutes and statutes are felony as provided for in s.817.155, F.S. Typed or printed name of signee Filling Fees: Filling Fees: Filling 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)