L 24000329086

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

то:	New Filing Section Division of Corporations						
en en	I_M Poppy the Handyman, LLC						
.70001	SUBJECT: Name of Limited Liability Company						
The en	nclosed Articles of Organization and fee		ed for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
	Angelo Barbero						
		Name	of Person				
	I_M Poppy the Handyman , LCC	~					
	Firm/Company						
	112 S. 32nd St Unit B						
	Address						
	Mexico Beach Fl 32456						
		City/State a	and Zip Code				
	impoppyof5@gmail.com E-mail address: (to be	used for future	annual report notificati	ion)			
For furth	her information concerning this matter, p	icase cai.					
	Angelo Barbero	609	741 9 991				
	Name of Person						
Enclos	ed is a check for the following amoun:						
	5.00 Filing Fee	s Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address New Filing Section		Street Address New Filing Section D	ivision			
	Division of Corporations P.O. Box 6327		The Centre of Tallaha 2415 N. Monroe Stre	assee			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
I_M Poppy the handyman,LLC					
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:				
?rincipal Office Address:	Mailing Address:				
112 S. 32nd st	112 S. 32nd st.				
Unit B	Unit B				
Mexico Beach, FL 32456	Mexico Beach, FI 32456				
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.) The name and the Florida street address of the registered ager Angelo Barbero Name	nt are:				
112 S. 32nd St.					
Florida street address (P.C	D. Box NOT acceptable)				
Mexico Beach Fl. 32456					
City	State Zip				
	nent as registered agent and agree to act in this capacity. I sto the proper and complete performance of my duties, and;				

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Memoe:	Name and Adgress:	
"MGR" = Manager		
AMBR	ANGELO BARBERO	
	112 S. 32ND ST.	-
	MEXICO BEACH, FL. 32456	_
		-
		_
		-
		= -
		_
		-
		_
Use attachment if necessary)		
he date of filings. Note: If the date inserted in this block doe the document's effective date on the Depar ARTICLE VI: Other provisions, if any.	es not meet the applicable statutory filing requirements, this date will no rtment of State's records.	t be listed as
· · · · · · · · · · · · · · · · · · ·		— —
<u>REQUIRED</u> SIGNATURE:		
This document is I am aware that ar	of a member or an authorized representative of a member of a coordance with section 605.0203 (1) (b). Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155. F.S.	
ANGELO	BARBERO Typed or printed name of signee	
\$175 00 Filing Fag for Articles	Filing Fees; s of Organization and Designation of Registered Agent	15.7
\$ 30.00 Certified Copy (Option		27.73
\$ 5.00 Certificate of Status (•