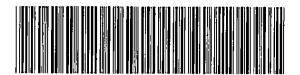
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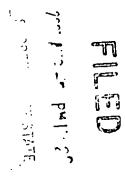
| (Re | equestor's Name) | |
|--|----------------------|------------------|
| (Ac | ldress) | |
| (Ac | (dress) | |
| - (Ci | ty/State/Zip/Phon | e #) |
| (CI | grotate/ZipirFilon | С п) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | isiness Entity Na | me) |
| | over and Misself and | |
| (50) | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| / *- · · · · · · · · · · · · · · · · · · | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. SILL RU

COVER LETTER

| TO: | New Filing Section | REC ¹⁰ |
|-------------|--|---|
| | Division of Corporations | 2024 AUG - 6 AM 7: 47 |
| SUBJEC | D.A. Handyman Repairs | - (10H2 |
| | Name of Limited Liability Com | DATE HERE |
| The encl | osed Articles of Organization and fee(s) are submitted for filin | g. |
| Please re | turn all correspondence concerning this matter to the following | g: |
| | Dominic AnderSon Name of Person | |
| | DA. Handyman Re Firm/Company | pairs LLC |
| | 1614 Palaco Grahdes | DKWY |
| | actual Johnnie @ OFFIGE | 33904 |
| | | |
| | E-mail address: (to be used for future annual-fe | eport notification) |
| For further | r information concerning this matter, please call: | |
| | Dominic Anderson 120) 2 | 93-4185 |
| | _ | ime Telephone Number |
| Enclosed | l is a check for the following amount: | |
| ۲) | 00 Filing Fee Status Sertified Copy Certificate of Status Certified Copy (additional copy) | Certificate of Status & |
| Q | es for in blorions Eilie | |
| \ | New Filing Section New Filing Section The Ce P.O. Box 6327 2415 N | Address ling Section Division ntre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| D.A. Handyman F | Repairs LLC | | | |
|---|---|------------------------------------|---|--------------|
| (Must c | ontain the words "Limited | Liability Cor | npany, "L.L.C.," or "I | LLC.") |
| TICLE II - Address: | | | | |
| mailing address and stre | et address of the principal o | ffice of the I | Limited Liability Com | pany is: |
| Principal Office Address: | | | Mailing Address: | |
| 7004 415 04 11 | | | 7901 4th St N | |
| 7901 4th St N | | | | |
| 7901 4th St N STE 300 | | | STE 300 | |
| STE 300 St. Petersburg TICLE III - Registered to Limited Liability Comp | FL 3370: Agent, Registered Office, any cannot serve as its own an active Florida registration | & Registere | St. Petersburg | |
| STE 300 St. Petersburg TICLE III - Registered the Limited Liability Compather business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered | & Registered and agent are: | St. Petersburg | : |
| STE 300 St. Petersburg TICLE III - Registered the Limited Liability Compather business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registration | & Registered and agent are: | St. Petersburg | : |
| STE 300 St. Petersburg TICLE III - Registered the Limited Liability Compather business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered | & Registered and agent are: | St. Petersburg | : |
| STE 300 St. Petersburg TICLE III - Registered the Limited Liability Compather business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered | & Registered and agent are: | St. Petersburg | : |
| STE 300 St. Petersburg TICLE III - Registered the Limited Liability Compather business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered Registered Agents In | & Registered an.) agent are: Name | St. Petersburg ed Agent's Signature Agent. You must design | : |
| STE 300 St. Petersburg TICLE III - Registered the Limited Liability Compather business entity with | Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered Registered Agents In 7901 4th St N | & Registered an.) agent are: Name | St. Petersburg ed Agent's Signature Agent. You must design | : |

Ha pla further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dutie 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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

. .

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | Dominic Anderson |
| MGR | 330 Y5th St S, St. Petersburg |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than the date effective date is listed, the date must be at the of filing.) If the date inserted in this block does not be determined by the Department's effective date on the Department. | |
| CLE V: Effective date, if other than the date effective date is listed, the date must be at effiling.) If the date inserted in this block does no exument's effective date on the Department. | specific and cannot be more than five business days prior to or 90 days after our meet the applicable statutory filing requirements, this date will not be listed ent of State's records. |
| CLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.) If the date inserted in this block does no exument's effective date on the Departme CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a | specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed ent of State's records. member or an authorized representative of a member. |
| CLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.) If the date inserted in this block does no ocument's effective date on the Departme ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any factors. | specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed ent of State's records. |

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)