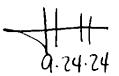
## LZ4000410171



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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24 SEP 19 PM 3: 09

Curtis McCoy

2601 NE 55th Terrace Gainesville, FI 32609 (352)681-2865

September 11, 2021

## Affidavit Authorizing Name Release

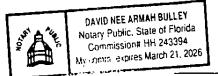
New Filing Section Division Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Dear Sir or Madam:,

This letter is in reference to the entity, KSK&M Handyman Enterprise LLC, Document number L22000228942. Curtis McCoy is the Owner/Managing Member of KSK&M Handyman Enterprise LLC. Curtis McCoy authorizes the release of the name KSK&M Handyman Enterprise LLC to the new entity, that will be established with the enclosed Articles of Incorporation. The entity associated with Document number L22000228942 will never be reinstated.

STATE OF FLORIDA COUNTY OF	The foregoing
instrument was acknowledged before me by n	neans of Aphysical presence
online notarization, this 12 day of Fight Curts Ki Ma Coy (Name of Person Ackno	<b>20<u>7</u>7</b> , by wledging).

(Seal)



Signature of Notary Public

Print, Type or Stamp Name of Notary

Personally Known: \_

OR Produced Identification:

Type of Identification Produced: Forest D/LICO

## COVER LETTER

	- · · · · · · · · · · · · · · · · · · ·	
TO: New Filing Section Division of Corporations		
SUBJECT: KSK+HHe Name of Li	Indy Man Ente	rprises LCC
1		
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Curtis	McCoy	
	Name of Person	
KSK+M Ho	indyman Enter	prises LLC
	Firm/Company	
2601 NE	55th Terrace	
,	Address	
Garnesvill	City/State and Zip Code  (urlis n'a 1229 nd for future annual report notificat	·
	City/State and Zip Code	
	(urtis nicay 122) g H	Neil . Com
E-man address: (to be use	d for future annual report nonficat	1011)
For further information concerning this matter, please	se call:	
Curtica Vacan	352 681-2	865
Curtis le Coy at (	Area Code Daytime Telephon	e Number
1	,	
Enclosed is a check for the following amount:		
S125.00 Filing Fee Status	© \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address	
New Filing Section Division of Corporations	New Filing Section D The Centre of Tallah	

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
KSK+M Handyman Enterprise LCC (Must contain the words "Elmited Liability Company, "L.L.C.," or "LLC.")
(Must contain the words "Elmited Liability 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:
Principal Office Address: Mailing Address:
2601NE 55th Terrace 2601 NE 55th Terrace
GALAGNING, FL 32609 32609
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:
Curtis McCoy  Name  2601 NE 55th Terroce
Name V
Black arms of the Co. P. S. S. P. P. S. P.
Florida street address (P.O. Box NOT acceptable)
Galnesville, FL 32609 City State Zip
City State Zip
laving 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
ly of
Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	R	T	I	H	Æ	ľ	V-

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

Title:  "AMBR" = Authorized Member  "MGR" = Manager	Curtis Mc Coy
	Gancorille, H 32609
<del></del>	
(Use attachment if necessary)	
an effective date is listed, the date must	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior to or 90 days after  as not meet the applicable statutory filing requirements, this date will not be listed as a statement of State's records.
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is I am aware that ar	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)

24 SEP IQ PM 3: no