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(Requestor's Name)	
(Address)	
(Address)	600304129636
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	N N N N N N N N N N N N N N N N N N N
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Office Use Only	
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FLORIDA DEPARTMENT OF STATE Division of Corporations All State

October 5, 2017

REUBEN MILLER 107 FERNWAY DR ATMORE, AL 36502

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SUBJECT: MILLERS HANDYMAN SERVICE LLC Ref. Number: W17000079126

We have received your document for MILLERS HANDYMAN SERVICE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60° days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 517A00020164 12

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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	va	Name of	Elimited Liability	Company			ĺ
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return all o	orrespondence	concerning this matter to the	e following:				
	Reuben Miller						
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	Millers Handy	man Service LLC					I
		F	Firm/Company	·			1
	107 Feruway D	Drive					
			Address				
	Atmore, AL 36	502					
		City/S	State and Zip Code		-		
ſt	ubenmiller44@	fgmail.com					1
_		E-mail address: (to be use	d for future annual	report noti	fication)		
ther inform	ation concernin	ig this matter, please call:					
Reuben N	liller		251 at (359-119	4)		
	Name c	of Contact Person	Area Code	Dayt	ime Telephone N	unber 🚬	
Division Registrati P.O. Box	<u>G ADDRESS:</u> of Corporations on Section 6327 ee, FL 32314			Division o Registratio Clifton Bu 2661 Exec	ADDRESS: if Corporations on Section ilding utive Center Circ e. FL 32301	\rightarrow	
	k for the follow 0 Filing Fee	ring amount: □ \$130,00 Filing Fee & Certificate of Status	Certified Copy	ng Fee &	□ \$160.00 Filin of Status & Certi		icate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA ٩

	dee LLC		
L. Millers Handyman Serv (Name of Foreign	Limited Liability Company: must include "Limited	f Linbility Company," "L.E.C.," or "LI.C."	<u> </u>
Renbern Mille	rs Hundrage Service LLC		
(It name mayailable, enter alternate ii.	rs Handyman Service LLC and adopted for the purpose of transacting business in Flor	sda. The alternate name must meliade "Lamited La	ibility Company," "E.L.C. "or "LLC ")
2 Alabam		3. 82-2940963	
Durisdiction under the law of set	ich toreign limited liability company (corganized)	(FEI num	ber, (tapplicable)
L			
	(D) the first transacted business in Florida, if prior to r (See sections 665 0804 & 505,0805, F.S. to determine)	ugistration) ne penalty liability)	
5 107 Fernway Drive		6. 107 Fernway Drive	
5. IStreet Address of P	rincipal Office)	(Marling Add	Iressi
Atmore, AL 36502		Atmore, AL 36502	
			1
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
	O. Peter American III		
Name:	O. Pete Amerson III		
Name: Office Address:	O. Pete Amerson III 5991 N Pine Barren Rd		
	5991 N Pine Barren Rd		
	. <u>.</u>	, Florida <u>32535</u>	le)
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of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information

jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath

This document is executed in accordance with section 605.0203 (1) (6). Florida Statutes, 1 am aware that any false submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S. Signature of an authorized person $R_{x}ubsite M_{x}ubsite M_{y}ubsite M_{z}ubsite M_{z}ubsi$

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

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State of Alabama

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

pursuant to the provisions of Title 10A. Chapter 1, Article 5, Code of Alabama 1975, and upon an examination of the entity records on file in this office, the following entity name is reserved as available:

Millers Handyman Service LLC

This name reservation is for the exclusive use of Reuben Miller, 107 Fernway Drive, Atmore, AL 36502 for a period of one year beginning September 29, 2017 and expiring September 29, 2018

> In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, that the Capitol, in the city of Montgomery, on this day.

September 29, 2017

Date

X 24. Menil



Secretary of State

