

M 180000006178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL 32309

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JUL 06 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2018

DALE HEUER
421 NILE KINNICK DR N
ADEL, IA 50003

SUBJECT: ADALES HANDYMAN SERVICES, L.L.C.
Ref. Number: W18000061496

We have received your document for ADALES HANDYMAN SERVICES, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If document # L16000230395 was your business entity, we will need a signed letter stating that you do not plan on reinstating the business and you release the name to be used.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

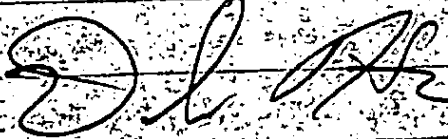
Letter Number: 718A00013790

Brittany,

6/28/18

I do not plan on reinstating the business doc below. I do release the name to document # L1600230395. It was nice talking to you, Thanks for the information, please call if you have any questions, 515-339-9584

Dale Heuer



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adales Handyman Services LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dale Heuer

Name of Person

Adales Handyman Services, LLC

Firm/Company

421 Nile Kinnick Dr. N

Address

Adel, IA 50003

City/State and Zip Code

Sales@Adaleshandyman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Heuer

Name of Contact Person

at (515) 339-9584

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Adales Handyman Services, L.L.C
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. State of Iowa
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)
Ein # 82-4646927

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 421 Nile Kinnick dr. N
(Street Address of Principal Office)
Adel, IA 50003

6. 421 Nile Kinnick dr. N
(Mailing Address)
Adel, IA 50003

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Dale Heuer

Office Address: 19551 S. Tamiami trail #619
Fort Myers, Florida 33908
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>President</u>	<u>Dale Heuer</u> <u>421 Nile Kinnick dr. N</u> <u>Adel, IA 50003</u>	<u>Vice President</u>	<u>Shane Heuer</u> <u>705 4th St #10</u> <u>Waukegan, IA 50063</u>
<u>Treasurer</u>	<u>Christine Heuer</u> <u>421 Nile Kinnick dr. N</u> <u>Adel, IA 50003</u>	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Signature of an authorized person

Dale Heuer
Typed or printed name of signee

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Date: 6/12/2018

Name: ADALES HANDYMAN SERVICES, LLC (489DLC - 564519)

Date of Incorporation: 1/31/2018

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS151297

To validate certificates visit:

A handwritten signature in black ink that reads "Paul D. Pate". The signature is stylized, with the first letters of the first and last names being capitalized and prominent.