

FOREIGN REGISTRATION STATEMENT

OF FOREIGN LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME:	HANDI SERVICES LIMITED LIABILITY COMPANY
ENTITY ID:	23723203
ENTITY TYPE:	Foreign LLC
EFFECTIVE DATE:	08/31/2024
TRUE NAME IN FOREIGN DOMICILE:	Handi Services Limited Liability Company
FOREIGN DOMICILE STATE:	Nevada
DATE OF FORMATION IN FOREIGN DOMICILE:	06/10/2024
PURPOSE/CHARACTER OF BUSINESS:	Construction
MANAGEMENT STRUCTURE:	Manager-Managed
PROFESSIONAL SERVICES:	N/A
DESIGNATING FOREIGN COMPANY NAME:	N/A
DESIGNATING FOREIGN COMPANY DOMICILE:	N/A
DESIGNATING FOREIGN COMPANY DATE OF FORMATION IN FOREIGN DOMICILE:	N/A

DESIGNATING COMPANY MANAGER/MEMBER INFORMATION

N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME:	Jesse Kathleen Thompson
PHYSICAL ADDRESS:	39506 N Daisy Mountain Dr, Ste 122620, PHOENIX, AZ 85086
MAILING ADDRESS	39506 N Daisy Mountain Dr, Ste 122620, PHOENIX, AZ 85086

PRINCIPAL ADDRESS

Att: Handi Services Limited Liability Company , 2325 E Camelback Rd, Ste 400, PHOENIX, AZ 85016

PRINCIPAL OFFICE OR STATUTORY AGENT ADDRESS IN JURISDICTION

DOES THE LAW OF YOUR JURISDICTION OF FORMATION REQUIRE YOU TO MAINTAIN AN OFFICE IN THAT JURISDICTION?	YES
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PRINCIPAL OFFICE ADDRESS:	Att: Handi Services Limited Liability Company , 304 S Jones Blvd , Ste 2160, LAS VEGAS, NV 89107
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STATUTORY AGENT INFORMATION:

STATUTORY AGENT NAME:	N/A
PHYSICAL ADDRESS:	N/A

MAILING ADDRESS

N/A

PRINCIPAL INFORMATION

Member and Manager: Jesse kathleen Thompson - 39506 n daisy mountain dr, ste 122620, PHOENIX, AZ, 85086, USA - jess@handi-services.co - Date of Taking Office: 08/17/2024

SIGNATURE

Manager: jesse kathleen thompson - 09/13/2024

Secretary of State

DEPUTY BAKKEDAHLDeputy Secretary for
Commercial Recordings**OFFICE OF THE
SECRETARY OF STATE**

Commer

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Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888**Certified Copy**

09/11/2024 14:13:41 PM

Work Order Number: W2024091101478 - 3928918
Reference Number: 20244323967
Through Date: 09/11/2024 14:13:41 PM
Corporate Name: Handi Services Limited Liability Company

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number	Description	Number of Pages
20244312957	Amended List - 09/06/2024	2



Certified By: Electronically Certified

Certificate Number: B202409114955237

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>

Respectfully,

A handwritten signature in black ink, appearing to read "FV Aguilar".

FRANCISCO V. AGUILAR
Nevada Secretary of State



FRANCISCO V. AGUILAR
 Secretary of State
 401 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amend and State Business License Application

☐ ANNUAL ☒ **AMENDED** (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

Handi Services Limited Liability Company

NAME OF ENTITY

NV20243137315

Entity or Nevada Business
Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership
- ☐ Business Trust
- ☐ Corporation Sole

Filed in the Office of	Business Number
<i>FV Aguilar</i>	E41146112024-3
Secretary of State	Filing Number
State Of Nevada	20244312957
	Filed On
	09/06/2024 14:30:39 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



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 401 North Carson Street
 Carson City, Nevada 89701-4201
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www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE Managing Member:

Jesse Kathleen Thompson

USA

Name

Country

304 S Jones Blvd Ste 2160

Las Vegas

NV

89107

Address

City

State Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Robert Thompson

Authorized Signer

09/06/2024

Title

Date

**Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer** FORM WILL BE RETURNED IF

UNSIGNED

FRANCISCO V. AGUILAR
Secretary of State

DEPUTY BAKKEDAHL
*Deputy Secretary for
Commercial Recordings*

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

24091313520695

Commercial

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*Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7141*

*North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
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Certified Copy

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Work Order Number: W2024091101478 - 3928918
Reference Number: 20244323967
Through Date: 09/11/2024 14:13:41 PM
Corporate Name: Handi Services Limited Liability Company

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number	Description	Number of Pages
20244114610	Articles of Organization - 06/10/2024	2



Certified By: Electronically Certified
Certificate Number: B202409114955239
You may verify this certificate
online at <https://www.nvsilverflume.gov/home>

Respectfully,

A handwritten signature in black ink, appearing to read "FV Aguilar".

FRANCISCO V. AGUILAR
Nevada Secretary of State



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
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Filed in the Office of	Business Number
<i>FV Aguilar</i>	24091313520695
Secretary of State	06/10/2024 08:30:42 AM
State Of Nevada	Number of Pages
	2

Formation - Limited-Liability Company

- | | |
|---|--|
| <input checked="" type="checkbox"/> NRS 86 - Articles of Organization Limited-Liability Company | <input type="checkbox"/> NRS 86.544 - Registration of Foreign Limited-Liability Company |
| <input type="checkbox"/> NRS 89 - Articles of Organization Professional Limited-Liability Company | <input type="checkbox"/> NRS 86.555 - Registration of Professional Foreign Limited-Liability Company |

1. Name Being Registered in Nevada: (See instructions)	Handi Services Limited Liability Company																
2. Foreign Entity Name: (Name in home jurisdiction)																	
3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)	3a) Jurisdiction of formation: <input type="text"/> 3b) Date formed: <input type="text"/> 3c) I declare this entity is in good standing in the jurisdiction of its formation. <input type="checkbox"/>																
4. Registered Agent for Service of Process*: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent (name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or position with Entity (title and address below) Registered Agents Inc.* Name of Registered Agent OR Title of Office or Position with Entity <table><tr><td>401 Ryland st, ste 200a</td><td>Reno</td><td>Nevada</td><td>89502</td></tr><tr><td>Street Address</td><td>City</td><td></td><td>Zip Code</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td>Nevada</td><td><input type="text"/></td></tr><tr><td>Mailing Address (If different from street address)</td><td>City</td><td></td><td>Zip Code</td></tr></table> <p><i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i></p> <p>X David Roberts, Assistant Secretary of Registered Agents Inc. 06/10/2024 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date</p>	401 Ryland st, ste 200a	Reno	Nevada	89502	Street Address	City		Zip Code	<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>	Mailing Address (If different from street address)	City		Zip Code
401 Ryland st, ste 200a	Reno	Nevada	89502														
Street Address	City		Zip Code														
<input type="text"/>	<input type="text"/>	Nevada	<input type="text"/>														
Mailing Address (If different from street address)	City		Zip Code														
5. Management: (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s)																
6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions) Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions) IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	1) Robert Thompson Name <table><tr><td>304 South Jones Boulevard Ste 2160</td><td>Las Vegas</td><td>NV</td><td>89107</td></tr><tr><td>Address</td><td>City</td><td>State</td><td>Zip Code</td></tr></table>	304 South Jones Boulevard Ste 2160	Las Vegas	NV	89107	Address	City	State	Zip Code								
304 South Jones Boulevard Ste 2160	Las Vegas	NV	89107														
Address	City	State	Zip Code														
7. Dissolution Date: (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual): <input type="text"/>																



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Formatio **Limited-Liability Company**

Continued, Page 2

8. Purpose/ Profession to be Practiced: (NRS 89 only)				
9. Series and/or Restricted Limited- Liability Company: (Optional)	Check box if a Series Limited-Liability Company <input type="checkbox"/> Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company <input type="checkbox"/>			
10. Records Office: (Foreign Limited-Liability Companies)	<div> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> <div> Address City State Zip code </div> <div> <input type="text"/> </div> <div> Country </div>			
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	<div> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> <div> Address City State Zip code </div> <div> <input type="text"/> </div> <div> Country </div>			
12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 - Each Organizer must be a licensed professional.) Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	<p>*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.</p> <p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <div> <input type="text" value="Robert Thompson"/> <input type="text" value="United States"/> </div> <div> Name Country </div> <div> <input type="text" value="304 South Jones Boulevard, Ste 2160"/> <input type="text" value="Las Vegas"/> <input type="text" value="NV"/> <input type="text" value="89107"/> </div> <div> Address City State Zip/Postal Code </div> <div> X <input type="text" value="Robert Thompson"/> (attach additional page if necessary) </div>			

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Handi Services Limited Liability Company** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 06/10/2024, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 08/29/2024.

A handwritten signature in black ink, appearing to read "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202408294914870

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>