1000001094

(Requestor's Name)			
(Address)			
(Addison)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
I CELLEDO			
L. SELLERS			
JAN - 5 2010			
•			
EXAMINER			

Office Use Only



800164095518

01/06/10--01001--009 **125.00

RECEIVED

COVER LETTER

	gistration Section ision of Corporations
SUBJECT:	Master Handyman Services L. Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
-	Patricia S. Light Name of Person
	Firm/Company
	8075 Blue Smoke Drive
	Tallahassee, Florida 32312-9609
	Tallahassee, Florida 32312-9209 City/State and Zip Code 11911t6Clan@gmail.com JE-mail address: (to be used for suture annual report notification)
For further i	nformation concerning this matter, please call:
Jatr	Name of Person at (850) 728-4214 Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 F	iling Fee \$\int_{\$130.00}\$ Filing Fee & \$\int_{\$155.00}\$ Filing Fee & \$\int_{\$160.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Master Hand (Must end with the words "Limited Liability	Lyman Services, L.L.C.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8075 Blue Sinoke Drive Tai IIa hassee, Fl. 32312	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re Patricia S. Name 8075 Bluc S. Florida street address (P.O. 1) Tallahassee City, State, an	noke Drive Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608 F.S.

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Patricia S. Light 8075 Blue Smoke Obrice Tallahassee Florida 32312
MGRM	Steven B. Light 8075 Blue Smoke Drive Tallahassee, Florida 32312
ffective date is listed, the date must	the date of filing: <u>Jan. 5, 2010</u> . (OPTIONAL) t be specific and cannot be more than five business days price
CLE V: Effective date, if other than t ffective date is listed, the date must	
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document or that the facts stated)	t be specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be more than five business days priough the specific and cannot be specificated and cannot be specific and cannot be specificated and cannot be specific and cannot be speci
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document or that the facts stated)	nber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury therein are true.) Typed or printed name of signee
CLE V: Effective date, if other than to effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document countries that the facts stated the facts	nber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury herein are true.) Typed or printed name of signee rganization and Designation