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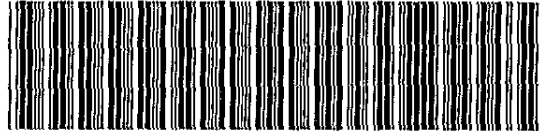
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frank S. Bauer Handywork, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank S. Bauer

(Name of Person)

(Firm/Company)

9646 SW 192nd Court Road
(Address)

Dunnellon, FL 34432

(City/State and Zip Code)

Frank S. Bauer

9646 SW 192nd Ct. Rd.

Dunnellon, Fl. 34432

FEIN #45-0529891

For further information concerning this matter, please call:

Frank S. Bauer

(Name of Person)

at (352) 489-7083

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Frank S. Bauer Handywork, 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:

~~9646 SW 192nd Court Road~~

same

Dunnellon, FL 34432

Frank S. Bauer

9646 SW 192nd Ct. Rd.

Dunnellon, Fl. 34432

FEIN #45-0529891

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Frank S. Bauer

Name

~~9646 SW 192nd Court Road~~

Florida street address (P.O. Box NOT acceptable)


Dunnellon

FLORIDA 34432

City, State, and Zip

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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 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 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

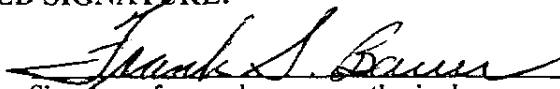
Frank S. Bauer
9646 SW 192nd Court Road
Dunnellon, FL 34432

Frank S. Bauer
9646 SW 192nd Ct. Rd.
Dunnellon, Fl. 34432
FEIN #45-0529891

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Frank S. Bauer

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

03 DEC 22 PM 1:00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS