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### MIMI HANLEY CPA 700 N. WICKHAM RD. SUITE 208 MELBOURNE, FL 32935 321-242-1906 FAX 321-242-2818

January 5, 2004

Florida Department of State Division of Corporations Corporation Filing PO Box 6327 Tallahassee, Fl 32314

Re: Handschuh Tree Surgeons LLC.

Enclosed please find articles of Organization for Limited Liability Company, together with one copy of same and a check in the amount of \$ 125. Please file the articles.

Should you have any questions or wish further information, please do not hesitate to contact me.

Thank you for your cooperation and assistance herein.

Sincerely,

Mimi Hanley CPA

Enclosure:

Articles of Organization

Copy of Articles of Organization Check in the amount \$ 125



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 15, 2004

MIMI HANLEY CPA 700 N. WICKHAM RD., SUITE 208 MELBOURNE, FL 32935

SUBJECT: HANDSCHUH TREE SURGEONS LLC

Ref. Number: W04000002098

We have received your document for HANDSCHUH TREE SURGEONS 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 12, 2004. Please amend your document accordingly.

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) 245-6967.

Letter Number: 504A00002903

Michelle Hodges Document Specialist

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

## ARTICLES ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLES I - NAME:

The name of the Limited Liability Company is Handschuh Tree Surgeons LLC.

#### ARTICLES II - Address:

The mailing address and the street address of the principal office of the limited liability company.

Mailing Address:

2110 Feast Rd.

W. Melbourne, Fl 32904

Principal Address:

914 St. Clair St. PMB133

Melbourne, Fl 32935

#### ARTICLES III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLES IV - Members:

Members and Initial Capital Contribution The name, address, Interest and value of the initial Capital Contribution of the members shall be set forth on Schedule A attached hereto.

#### ARTICLES V - Management:

All of the members, by virtue of their status as members, shall be managers of this limited liability company.

No person who is serving or who has served as a manager of the limited liability company shall be personally liable to the limited liability company or any of its members for monetary damages for breach of duty as a manager, except for liability with respect to (i) acts or omissions that the manager at the time of such breach knew were clearly in conflict with best interests of the limited liability company, (ii) any transaction from which the manager derived an improper personal benefit, or (iii) acts or omissions with respect to which the Florida Limited Liability Company Act does not permit the limitation of liability. As used herein, the term "improper personal benefit" does not include a manager's reasonable compensation or other reasonable incidental benefit for or on account of his service as manager, employee, independent contractor, attorney or consultant of the limited liability

company. No amendment or repeal of this article, nor the adoption of any provision to these Articles of Organization inconsistent with this article, nor the adoption of any provision to these Articles of Organization inconsistent with this article, shall eliminate or reduce the protection grated herein with respect to any matter that occurred prior to such amendment, repel or adoption.

These articles will become effective March 1, 2004 with the Florida Department of the Secretary of State.

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

Kenneth Handschuh
Authorized Representative

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THEUNDERSIGNED LIMITED LIAILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is Handschuh Tree Surgeons LLC.
- 2. The name and the Florida street address of the registered agent is:

Kenneth Handschuh 2110 Feast Rd. W. Melbourne, Fl 32904

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.

Kenneth Handschuh LLC.

Kenneth Handschuh