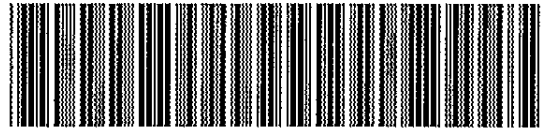


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2004 APR -1 P 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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04/07/04--01019--006 \*\*125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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MAIL

(Business Entity Name)

(Document Number)

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FILED

To: Registration Section  
Division of Corporations

2004 APR -7 P 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Subject: The Destin Handyman 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:

Charles Aperfine  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

720 Vintage Circle  
(Address)

Destin, FL 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chuck Aperfine at 850-654-4570  
(Name of Person) (Area Code & Daytime Phone 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

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

**FILED**

2004 APR -7 P 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

The Destin Handyman 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:**

720 Vintage Circle  
Destin, FL 32541

same

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature**

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

Charles Aperfine  
Name

720 Vintage Circle  
Florida street address (P.O. Box **NOT** acceptable)

Destin FLORIDA 32541  
City, State, and Zip

*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:

**FILED**

**Title:**

"MGR" – Manager

"MGRM" – Managing Member

**Name and Address:**

2004 APR -7 P 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Charles Aperfine  
720 Vintage Circle  
Destin, FL 32541

\_\_\_\_\_

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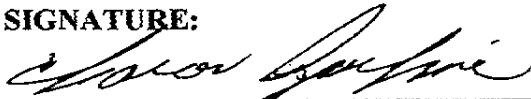
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(Use attachment if necessary)

**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.)

Charles Aperfine

Typed or printed name of signee