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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilson Handy Service L.L.C.
(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:

James Wilson
(Name of Person)

Wilson Hand Service LC.
(Firm/Company)

6613 Stark Rd
(Address)

Seffner Florida 33584
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James Wilson at (813) 541-6182
(Name of Person) (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

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Wilsons Handy Service "L.L.C."

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6613 Stark Rd
Seffner Florida 33584

Mailing Address:

James Wilson
6613 Starks Rd.
Seffner Florida 33584

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are:

James Wilson
Name

6613 Stark Rd
Florida street address (P.O. Box NOT acceptable)

Seffner, FLORIDA 33584
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..

James Wilson
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:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
"MGRM"	James Wilson 6613 Starke Rd. Seffner Florida 33584

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James Wilson
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.)

James Wilson
Typed or printed name of signee

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)**~~

Only what I need please send any money back that is not need to secure filing

James Wilson