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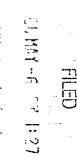
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CCT: M. G. Handyman (Name of Limited Liability Company)				
The end	closed Articles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
	Michael J. Gallagher (Name of Person)				
	M. G. Handxman (Firm/Company)				
	335 Winston Manor Rd (Address)	_			
(Address)					
	Saxta Rosa Beach FL. 32459 (City/State and Zip Code)				
	(city, blace and 22p code)				
For furt	ther information concerning this matter, please call:				
Mich	(Name of Person) at (850) 865-3865 (Area Code & Daytime Telephone Number)	コ. 二四			

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:	
M.G. Handyman	1.6.6.
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
335 Winston Manor Ad.	335 Winston Manor Rd.
Santa Rosa Beach	Santa Rosa Bach
FLorida 32459	Florida 32459
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	
Michael J. Gar	llagher E
335 Winston Manor	, ()
Florida street address (P.O. Box N	(OT acceptable)
Santa Rosa Beach Fl City, State, and Zip	LORIDA 32459
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

Page 1 of 2 (CONTINUED)

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				
M6R	Michael J ballagher 335 Winston Manor Rd Santa Rosa Beach FL. 32	- 459	-	
		<u> </u>		
			•	
				* * -
				: : : : : : : : : : : : : : : : :
(Use attachment if necessary)			•	2*
NOTE: An additional article must	be added if an effective date is requested.	WLVIIV.		
REQUIRED SIGNATURE:	•		37)	
Michael 9.	Vallagler	25	77	Ü
Signature of a member or	nn authorized representative of a member.	<u>S</u>	1071ML	
of this document constitutes that the facts stated herein a		SH.	27	
Michael T	Gallagher			

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)

Typed or printed name of signce