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SISSICH OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYMAN MAY - 4 2005

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Residential Hand	d Liability Company)	
The enclosed Articles of Organization and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Rolland J. Wiego	Name of Person)	
Residential Handyman	LLC Firm/Company)	2005 AF
3620 Gulf Herbo	(Address)	APR 29 PM 2: 23 LICAL SEE, FLORIT
5	L 34134 State and Zip Code)	PH 2: 23 EE, FLORIDA
For further information concerning this matter, please of	cail:	
Rolland J. Wiegand (Name of Person)	at (239 ) 272 O (Area Code & Daytime Te	1306 lephone Number)
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee   ☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, F	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Residential Handyma	in 1LC
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Residential Handyman, 3620 Gulf Harbot Ct-Bonita Springs, FL 34134 ARTICLE III - Registered Agent, Regi	istered Office, & Registered Agent's Signature: 23
The name and the Florida street address of Rolland J.	of the registered agent are:
Florida st Bonto Soc	treet address (P.O. Box NOT acceptable)  in as FL 34134 , 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, F.S..

Registered Agen's Signature

(CONTINUED)

The name and a	iddress of each Manager of	or Managing Member is as follows:	
<u>Title:</u> "MGR" = Mana "MGRM" = Ma	nger nnaging Member	Name and Address:	
Rolland I	Wiegand MGR	3620 Gulf Harbor Ct Bonte Springs, FL 34134	
		L A SSE	FILED
(Use attachmen	t if necessary)	רי ני	PH 2: 23
NOTE: An ad	ditional article must be	added if an effective date is requested.	DAS OF OF OF OF OF OF OF OF OF OF OF OF OF
REQUIRED S	IGNATURE:		
	(In accordance with section of this document constitute that the facts stated herein Rolland T. W.	an authorized representative of a member.  1608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)  1600.000  1600.000  1700.0000  1800.00000  1800.00000  1800.00000  1800.00000  1800.00000  1800.00000	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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