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SECRETARY OF STATE
TALLAHASSEE, FLCRID.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 21, 2005

JOE NAPLES 6914 APPLE STREET HUDSON, FL 34667

SUBJECT: THE HANDYMAN CAN!, LLC

Ref. Number: W05000051929

We have received your document for THE HANDYMAN CAN!, 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):

Limited liability companies are either member-managed or manager-managed not both. Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 805A00068572

COVER LETTER

Registration Section

Division of Corporations
SUBJECT: The Handyman Can, 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:
Joe Naples (Name of Person)
Hardyman Can! (Firm/Company)
10914 Apple St. (Address)
Hudson FL 34667 (City/State and Zip Code)
For further information concerning this matter, please call:
Oe NapleS at (
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is reclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

he Handyman Can!, Ll	_C	-		
Must end with the words "Limited Liability Company, "Limited	I Company" or their abbreviation "I	LC," or "L.C")	 -:
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited	l Liability C	ompany	is:
Principal Office Address:	Mailing Address:			
L914 Apple Street Fudson, FL 3410107	same.	- 7 - 7 - 7 - 7	2005	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Age red Agent. You must designate an i	nt's Sighati ndividual 紀都	the —	
The name and the Florida street address of the re <u>Joe Naple:</u> Name	gistered agent are:	STATE	PM 1: 42	Ö
Log 14 Apply Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)			
Hudson City, State, ar	FL 34667 nd Zip			
Having been named as registered agent and to a	ccept service of process for	the above sta	ited limii	ted

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 Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Joe Naples 1914 Apple Street Hurson, Fr 341667	
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(Lice attachment if necessary)		
(Use attachment if necessary)		
CLE V: Effective date, if other than the		
CLE V: Effective date, if other than the	date of filing: (OPTIONAL specific and cannot be more than five business days	
CLE V: Effective date, if other than the ceffective date is listed, the date must be		
CLE V: Effective date, if other than the ceffective date is listed, the date must be		
CLE V: Effective date, if other than the ceffective date is listed, the date must be 0 days after the date of filing.)		
CLE V: Effective date, if other than the ceffective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE:		
CLE V: Effective date, if other than the ceffective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sect	specific and cannot be more than five business days Tor an authorized representative of a member. Ition 608.408(3), Florida Statutes, the execution cutes an affirmation under the penalties of perjury	

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)