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COVER LETTER

	istration Section ision of Corporations					
SUBJEC	(Name of Limited Liability Company)					
The enclo	d Articles of Organization and fee(s) are submitted for filing.					
Please reti	all correspondence concerning this matter to the following:					
	KEITH MARSTON (Name of Person)					
	(Name of Person)					
	KEITH'S HANDYMANS SERVICE LICY					
	(Firm/Company)					
	542 N.Rilge Wood AV					
	(Address)					
	DAYTONA DEACH FL 72114 2 3					
-	(City/State and Zip Code)					
For furthe	nformation concerning this matter, please call:					
KE	14 MARSTEN at 386, 566 6627					
	(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed	a check for the following amount:					
\$125.00	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & }\bigcup \\$155.00 \text{ Filing Fee & }\bigcup \\$160.00 \text{ Filing Fee, }\\ Certificate of Status & \text{ Certificate of Status & }\text{ Certified Copy }\text{ (additional copy is enclosed)}\\ Certified Copy \text{ (additional copy is enclosed)}\end{additional copy is enclosed)}					
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Li	mited Liability Company	y is:			
KEITE	t's Handy M.	MUS SERVI	ce 49	•	
	"Limited Liability Company, "			"L.C.,")	•
ARTICLE II - Ad	dress:				
The mailing addres	s and street address of the	ne principal office of the	he Limited Liabi	lity Compa	any is:
Principal Office A	ddress:	Mailing Addre	<u>ss:</u>		
4 AVIATOR	e way Beach	542 184	Bush F	v	
ORMAND	Beach	Paytons	Bush E	L,	
FL. 35	2/74	-	72114		
(The Limited Liability Co business entity with an a	egistered Agent, Regist ompany cannot serve as its own active Florida registration.) Florida street address of	Registered Agent. You must o	designate an individua	ignature: Il or another OFFEB	SECRI
				1	957 957
	KEITH M	TARRY UV		ى 	82F
	542 N Ridge			PM 4: 01	SPORAT
	Florida stre	et address (P.O. Box NOT	acceptable)	0	를 다
	Doyton J Beach	FL 32114			ဟ
	City, S	tate, and Zip	 ,	-	n ru

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..

Keith R. Master

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	N 1AIL
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	MA
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	T SECRE
	TEB-5
	PH 4: 0
(Use attachment if necessary)	
ADTICLE V. Effective date if other than the date	te of filing: (OPTIONAL)
(If an effective date is listed, the date must be sp	pecific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Keith R	. maistor
Signature of a member or	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here.	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)

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)

IXEITH MARSTON
Typed or printed name of signee