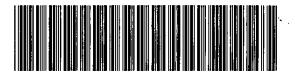
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	TIAW	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration S Division of Co		•,	
SHRII	CT. Handy	man USA LLC		
30 031			ted Liability Company)	
The en	closed Articles of	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	oondence concerning this ma	tter to the following:	
	James Te	deschi		
			(Name of Person)	
	Handyma	n USA		
			(Firm/Company)	
	4852 Vict	oria Cir.		
			(Address)	•
	West Palr	n Beach FL 33409	9	
		(Ci	ty/State and Zip Code)	
For fur	ther information	concerning this matter, pleas	se call:	
Jam	es Tedesc	chi	at (561) 686-0234	4
-	(Name	e of Person)	(Area Code & Daytime Tele	phone Number)
Enclos	ed is a check f	or 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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Handyman USA LLC.	
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4852 Victoria Cir.	4852 Victoria cir.
West Palm Beach FL. 33409	West Palm Beach FL 33409
The name and the Florida street address of the re James Tedeschi	egistered agent are:
Name	
4852 Victoria Cir.	
-	ress (P.O. Box NOT acceptable)
West Palm Beach	FL 33409
City, State, ar	<u>rl</u>
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited ais certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

SECRETARY OF SIAIL
BIVISION OF CORPORATIONS
OF SECRETARY OF SIAIL
BIVISION OF CORPORATIONS

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	James Tedeschi
	4852 Victoria Cir.
	West Palm Beach FL 33409
MGR	Angela Tedeschi
	4852 Victoria Cir.
	West Palm Beach FL 33409
(Use attachment if necessary)	
LE V: Effective date, if other than the	date of filing: (OPTIONA e specific and cannot be more than five business day
days after the date of filing.)	•
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

An 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 Tedeschi

Typed or printed name of signee

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)