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Special Instructions to	Filing Officer:	
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J. BRYAN

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EXAMINER

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2008

WILFREDO RAMOS-PEREZ 129 SOUTHEAST 19TH TERRACE CAPÉ CORAL, FL 33990

SUBJECT: HANDYMAN SOLUTIONS, LLC

Ref. Number: W08000035660

YMAN SOLUTIONS, LLC and your

We have received your document for HANDYMAN SOLUTIONS, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company. L.C., and LC.

The document number of the name conflict is #P04000021405, HANDYMAN SOLUTIONS INC..

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 308A00043605

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FUSSA MAINTENANCE SOLUTIONS, LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	08 MJG -8 AM 8: 50
Please return all correspondence concerning this matter to the following:	G - G
WILFREDO RAMOS-PEREZ	
(Name of Person)	ò
	50
(Firm/Company)	
129 Southeast 19th Terrace	
(Address)	
Cape Coral, FL 33990	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
WILFREDO RAMOS-PEREZ at (239) 699-8558	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \text	
fee (additional copy is enclosed) Certified Copy (additional copy is	,
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLE I - Name:	<u>م</u> •	Z.,
The name of the Limited Liability Com	pany is:	15101
ELICOA BAAINITENIANIOE	SOLUTIONS, LLC ited Liability Company, "L.L.C.," or "LLC.")	104
FUSSA MAINTENANCE	SOLUTIONS, LLC &	۶
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	er Significant
ARTICLE II - Address:	¢	ò
The mailing address and street address	of the principal office of the Limited Liability Compar	Bis
Principal Office Address:	Mailing Address:	
129 Southeast 19th Terrace	129 Southeast 19th Terrace	
Cape Coral, FL 33990	Cape Coral, FL 33990	
ARTICLE III - Registered Agent, Re The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	Cape Coral, FL 33990 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	Cape Coral, FL 33990 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
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ARTICLE III - Registered Agent, Recompany cannot serve as its abusiness entity with an active Florida registration.) The name and the Florida street address WILFREDO	Cape Coral, FL 33990 gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: RAMOS-PEREZ	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address WILFREDO I	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: RAMOS-PEREZ Name	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address WILFREDO I 129 Southea	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: RAMOS-PEREZ Name st 19th Terrace	

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..

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Me	mber
MGR	WILFREDO RAMOS-PEREZ
	129 Southeast 19th Terrace
	Cape Coral, FL 33990
MGR	MERCEDES CHARNECO
	129 Southeast 19th Terrace
	Cape Coral, FL 33990
	•
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(Use attachment if necessa	ry)
LE V: Effective date, if oth	ner than the date of filing: (OPTION
rective date is listed, the d days after the date of filin	ate must be specific and cannot be more than five business da σ)
uays and the date of fills	6 ·/
REQUIRED SIGNATUR) L'·

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

(In accordance with section 608 408/3) Florida Statutes, the execution

(In 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.)

WILFREDO RAMOS-PEREZ

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)