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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of C			
SUBJE	ECT:	Handy Many of Limite	an Coul Lability Company)	L.C.
The end	closed Articles	of Organization and fee(s) are s	submitted for filing.	
Please 1	return all corres	pondence concerning this matt	er to the following:	
		Parl Sa	DAZ MON Name of Person)	
-	······································	Handy 1	Lan Corl	L.L.C.
-	1	5390 N.W	(Address)	
-		Trenton	State and Zip Code)	3
		(City	/State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
(<u>loul</u>	Sa Hz man	at (352) 2016 (Area Code & Daytime T	- 1334 elephone Number)
Enclose	ed is a check f	or the following amount:		
□ \$125.	00 Filing Fee	\$130.00 Filing Fee & Cartificate 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 Corporation Clifton Building 2661 Executive Center	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
15390 N.W. 81 Avr. 15390 N.W. 81 Avr. Trenton, Fl. 32693
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Mistered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Carl Saltzman
Name
Florida street address (P.O. Box NOT acceptable)
Trenten FL 32693
City, 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.
x Catherine
Registered Agent's Signature (REQUIRED)
TO SEE THE SECOND SECON
(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Carl Saltzman 15390 N.W. 81 Ade. Trenton, fl. 32693
(Use attachment if necessary) LE V: Effective date, if other tha Tective date is listed, the date m	
LE V: Effective date, if other tha	an the date of filing: 8 14 08 . (OPTION ust be specific and cannot be more than five business d
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) REOUIRED SIGNATURE: Signature of a m (In accordance woof this document	
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) REOUIRED SIGNATURE: Signature of a m (In accordance woof this document	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.) Typed or printed name of signee
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) REOUIRED SIGNATURE: Signature of a m (In accordance we of this document that the facts st	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury tated herein are true.) Typed or printed name of signee