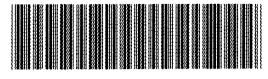
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T. HAMPTON MAY - 8 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	THE MASTERS HANDYMAN L.L.C.
	(Name of Limited Liability Company)
The end	osed Articles of Organization and fee(s) are submitted for filing.
Please 1	curn all correspondence concerning this matter to the following:
-	SCOTT TUKUS (Name of Person)
	(Name of Person)
	THE MASTERS HANDYMAN L.L.C.
	(Firm/Company)
-	4640 CARTER RD, (Address)
	(Address)
	ST. AUGUSTINE, FL. 32086 (City/State and Zip Code)
	(City/State and Zip Code)
For furt	er information concerning this matter, please call:
	SCOTT TOUKUS at (904) 669-3959 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclose	is a check for the following amount:
\$125.0	Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Bit Signal Fee} \Bigcup \\$155.00 \text{ Filing Fee & Bit Signal Fee} \Bigcup \\$160.00 \text{ Filing Fee}, \text{ Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ Certified Copy (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



09 MAY -7 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2009

SCOTT TUNKUS 4640 CARTER RD ST AUGUSTINE, FL 32086

SUBJECT: THE MASTERS HANDYMAN L.L.C.

Ref. Number: W09000011976

We have received your document for THE MASTERS HANDYMAN L.L.C. 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 L07000040587 (MASTER'S HANDYMAN, LLC).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 809A00008678

Registration/Qualification Section

Effective Date 03/09/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
CORNERSTONE HOME	E MAINTENANCE L.L.C.
TOTAL CONTRACTOR OF THE CONTRA	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4640 CARTER RD.	4640 CARTER RD.
4640 CARTER RD. ST. AUGUSTINE, FL.	4640 CARTER RD. ST. AUGUSTINE, FL.
32086	52086
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
ScoT7	TUNKUS
	Name
	CARTER RD.
Florida :	street address (P.O. Box NOT acceptable)
	TWE, FL 32086 y, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limi liability company at the place designated in this certificate, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provisions a statutes relating to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

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(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 "MGRM" = Managing Member	Name and Address:
MGR.	SCOTT TUNKUS 4640 CARTER R.D. 57. AUGUSTINE, FL. 32086
	
(Use attachment if necessary)	·
·	date of filing: 3-9-2009. (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

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)

that the facts stated herein are true.)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury