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SECRETARY OF STATE
TALL AHASSEF, FLORID.

D. BRUCE
MAY 18 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: YES-WE-CAN HANDYMAN SERVICE, LLC |
|---|
| Name of Limited Liability Company |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| MR. COSWELL JACKSON Name of Person |
| YES-WE-CAN HANDYMAN SERVICE, LLC |
| 7803 N. WHITTIER STREET |
| TAM PA, FL. 33617 FR 8 |
| JACKSONINTZ (@ VERIZON. BET _ |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| COSWELL JACKSON at 813 786-515 2 |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{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 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | |
|--|---|--|
| YES - WE - CAN HAND (Must end with the words "Limited Liability | YMAN SERVICE LLC y Company," "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of the prin | ncipal office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 7803 N. WHITTIER STREET TAMPA, FL. 33617 | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. | red Agent. You must designate an individual or another gistered agent are: | |
| COSWELL JACKSON SAR 5 | | |
| Name | | |
| 7803 N. WHI | | |
| Florida street address (P.O. E | Sox NOT acceptable) | |
| TAMPA | FL 33617 | |
| City, State, and | l Zip | |
| liability company at the place designated in the | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all | |

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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)

EFFECTIVE DATE 5/15/09

ARTICLE I - Name:

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. | COSWELL JACKSON 1803 N. WHITTIERST. TAMPA, FL. 33617 | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| | te of filing: $\frac{5/15/2009}{}$. (OPTIONAL) pecific and cannot be more than five business days prior | |
| REQUIRED SIGNATURE: | | |
| Signature of a member of | 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 that the facts stated herein are true.) | | |
| Coswi 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)