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COVER LETTER

SUBJECT: JA.M. The Handyman L.L.C. 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: Mark Donell Name of Person Firm/Company 5// Chana Beery Lane Jaddress Lavana Fl. 33.333 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laval Lay Donell at (315) 639 - 41 47 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed)	TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to the following: Mark ODD nell Name of Person Firm/Company 5// Chena Berry Lane Address Havana, Fl 32333 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Have Have OD anell at 315 (29 4477 Name of Person at 315 (29 4477 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \Begin{array} \text{S160.00 Filing Fee} & \text{S155.00 Filing Fee} & \text{S160.00 Filing Fee}, \text{Certificate of Status & Certified Copy} (additional copy is enclosed) Certified Copy	
Firm/Company 5// Chena Berry Lane Havana, Fl. 32333 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Havalatay Obanall at (315) 629-4147 Name of Person at (315) 629-4147 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S125.00 Filing Fee} & \text{S155.00 Filing Fee} & \text{S160.00 Filing Fee}, \text{Certificate of Status} & \text{Certificate Opy} & \text{Certificate Of Status} & \text{Certificate Opy} & Certificate Op	The enclosed Articles of Organization and fee(s) are submitted for filing.
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Certificate of Status Certified Copy Certificate of Status & - (additional copy is enclosed) Certified Copy	
(additional copy is enclosed) Certified Copy	
	(additional copy is enclosed) Certified Copy

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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, "L.L.C.," or "L.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:
Same 511 Chona Berry Lane Havan F1, 32533
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered 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: Work Stance I Name Florida street address (P.O. Box NOT acceptable) 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 Registered Agent's Signature (REQUIRED) (CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or M The name and address of each Man	nager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Mark O'Donne 11 511 Chona Berry Lane Havara Fl. 32933
(Use attachment if necessary) RTICLE V: Effective date, if other than the state of	the date of filing: (OPTIONAL)
an effective date is listed, the date must or 90 days after the date of filing.)	t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a mem	aber or an authorized representative of a member.
of this document cor that the facts stated	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.) Typed or printed name of signce
Filing Fees:	
\$125.00 Filing Fee for Articles of Or of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	