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8/16/10

COVER LETTER

TO: Registration Division of C			
SUBJECT: Day	id Baker t	tendyman Servited Liability Company	ices UC
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
D_{A}	vid E Bas	Name of Person	
		F' /0.	
25	12 Harvey M	Firm/Company 1111 Creek Rd	10 SE CH
Ta	ţ	Address -1 32310 ty/State and Zip Code	P 16 P
Baker_c		ty/State and Zip Code DO, Com for future annual report notification)	FILO
	E-mail address: (to be used concerning this matter, please		DE -
P	•		
Name	of Person	at ()Area Code & Daytime Telep	hone Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

David Baker Handy mar (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2512 Harvey Mill Creek Rd Tallahassee Ft 32310	SAme
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 report of the result of the part of the p	gistered agent are: SSE SE

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Mgrm -	David E. Baker 2512 Harvey Mill Creeks Tallahassee F1 3231
se attachment if necessary)	
CV: Effective date, if other than the ctive date is listed, the date must buys after the date of filing.) EQUIRED SIGNATURE:	date of filing: (OPTIO e specific and cannot be more than five business
PACA Signature of a member	r or an authorized representative of a mem
o-gtare or a membe	ction 608.408(3), Florida Statutes, the execution
of this document consti that the facts stated her	ein are true.)
of this document consti that the facts stated her	itutes an affirmation under the penalties of perjuly