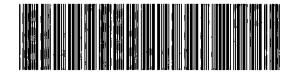
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(Requestor's Name)
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J. SAULSBERRY EXAMINER

SEP 27 2010

J. SAULSBERRY EXAMINER

20:0

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Timbero	craft Handyman Service		<u> </u>
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Christopher V	Valker		
		Name of Person	
Timbercraft F	landyman Services, LLC		
		Firm/Company	
2410 2nd Ave	e SE		- F 2
		Address	
Naples, FL 34			三
		y/State and Zip Code	24 PH 2
ckwalker7@y	ahoo.com	for future annual report notification)	
			ORI 2: S
For further information	concerning this matter, please	e call:	₹ 5 S
Chris Walker		at (_239) 272-8276	
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	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 C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Timbercraft Handyman Services, LLC		
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
2410 2nd Ave SE, Naples, FL 34117	2410 2nd Ave SE, Naples, FL 34117	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	gistered agent are:	F1L 2010 SEP 24
Christopher Walker		38.6
Name	٨ ۵ نان	TP 24
2410 2nd Ave SE		-
Florida street addr	ress (P.O. Box NOT acceptable)	3 匝
Naples	FL 34117	∑: 5 □
City, Stat	te, and Zip	55
Having heen named as registered agent and to a	ccept service of process for the above stat	ed limited

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 Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana		Name and Address:		
"MGRM" = Ma	anaging Member			
MGR		Christopher Walker		
		2410 2nd Ave SE		
		Naples, FL 34117		
			<u> </u>	2010
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			— ———————————————————————————————————	SEP
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(Use attachmen	t if necessary)			
•	•	date of filing:	(OPTION	JAL)
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CLE V: Effective effective date is lead to the control of the cont	e date, if other than the disted, the date must be date of filing.) IGNATURE: Signature of a member of this document constitution.	Specific and cannot be more than five by Specific and Cannot be specific and cannot be more than five by Specific and Cannot be more than five by Specific and Cannot be speci	usiness d	

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)