

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L11000087315  
FILED 8:00 AM  
July 29, 2011  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:

J B PROFESIONAL HANDY MAN SERVICES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

2031 S PINE ST  
ENGGLEWOOD, FL. 34224

The mailing address of the Limited Liability Company is:

2031 S PINE ST  
ENGGLEWOOD, FL. 34224

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

JANSON BYRNE  
2031 S PINE ST  
ENGLEWOOD, FL. 34224

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.

Registered Agent Signature: JASON BYRNE

## Article V

The name and address of managing members/managers are:

Title: MGRM  
JASON BYRNE  
2031 S PINE ST  
ENGLEWOOD, FL. 34224

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## Article VI

The effective date for this Limited Liability Company shall be:

07/29/2011

Signature of member or an authorized representative of a member

Electronic Signature: JANSON BYRNE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.