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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Bad Builder, LLC Name of Limited Liability Company
The en	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kurt Handwerker
	Name of Person
	Firm/Company
	PO Box 6787
	Address
	Brandon, Florida 33508
	City/State and Zip Code
	E-mail address: (to be used for fluture annual report notification)
For for	rther information concerning this matter, please call:
	\$27- (727
Kun H	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
고 \$125.0	Of Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bad Builder, LLC (Must end with the words "Limited L	ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1311 N. Westshore Ste 205 Tampa F1 33607	PO Box 6787 Brandon, Florida 33508
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an individual or)
Florida street address (P.O. Box 1) City	~ 5tr. 205
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 1965, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member	•	
"MGR" = Manager		
AMBR	Kurt Handwerker	
	PO Box 6787	
	Brandon, Florida 33508	
	Diandon, Honda oogoo	
	——————————————————————————————————————	
(Use attachment if necessary) EV: Effective date, if other than ective date is listed, the date mu	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 day	s afte
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ARTICLE IV-