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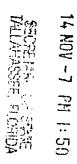


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Billy Mina Handyman Devices Name of Limited Lightlity Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William B. Allen
Name of Person
Firm/Company
8750 Old Bainbridge Road
Address
Joll. Fl. 32303
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1.11
Name of Person Area Code Daytime Telephone Number
Inclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO	DMPANY		
ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Billy allin Handyman Sewices L. (Must end with the words "Limited Liability Company, "L.L.C.," or	"LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Con	npany is:		
Principal Office Address: 8750 Old Bainlidge Rd Same Same		·	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)		dividual	or
The name and the Florida street address of the registered agent are: Name	•		
Florida street address (P.O. Box NOT acceptable)			
Jall FL 32303 City Zip			
Having been named as registered agent and to accept service of process for the above state the place designated in this certificate, I hereby accept the appointment as registered as capacity. I further agree to comply with the provisions of all statutes relating to the proposition of my duties, and I am familiar with and accept the obligations of my position as registe Chapter 605, F.S	gent and agreer and comp	ee to act lete perf	in this ormance
Registered Agent's Signature (REQUIRED)			
(CONTINUED)			
Page 1 of 2	MILAPASSE FLORI	14 NOV -7 PH 1:	
	VOROLE AL	PH 1:51	ED

William B. Allen 8750 Ald Bainhidge Rd Sall Fd. 32303
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n authorized representative of a member.
(b), Florida Statutes, the execution of this document
lties of perjury that the facts stated herein are true.
smitted in a document to the Denartment of State
omitted in a document to the Department of State ded for in s.817.155, F.S.)
ded for in s.817.155, F.S.)
ded for in s.817.155, F.S.)
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ded for in s.817.155, F.S.) Ly r printed name of signee Hing Fees:
ded for in s.817.155, F.S.) L M r printed name of signee

Page 2 of 2