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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: E2 Cleaning/Handyman S	Services LLC me of Limited Liability Company	
The en	closed Articles of Organization and	d fee(s) are submitted for filing.	
Please	return all correspondence concerni	ing this matter to the following:	
	Wayne Humphreys		
		Name of Person	
	E2 Cleaning/Handyman So	ervices LLC	
		Firm/Company	
	1962, Bermuda Pointe Dri	ve	
		Address	
	Haines City, Florida 33844		
		City/State and Zip Code	
SE	ales@e2cleaning.com		
	E-maii address: (to be used for future annual report notification)	
For fur	ther information concerning this m	atter, please call:	
Wayn	e Humphreys	at (863) 353-8819	
	Name of Person	Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amo	ount:	하 종 ~:
\$125.0	00 Filing Fee \$130.00 Filing Certificate of		••
	Mailing Address Registration Section Division of Corporation P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	50

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi	: ited Liability Company is:					
E2 Cleaning/Handy	yman Services LLC					
	(Must end with the words "Li	mited Liability (Company, "L.L.C.,"	" or "LLC.")		
ARTICLE II - Addr The mailing address a	ress: and street address of the princ	ipal office of the	Limited Liability	Company is:		
Principal Office Add	dress:	<u>Mailin</u>	g Address:			
21 So Clyde Ave.			Bermuda Pointe	Drive		
Suite 7, Kissimmee Florida 34741]	Haine: Florida	s City a 33844			
another business enti	y Company cannot serve as its ity with an active Florida regis orida street address of the regis Wayne Humphreys	stration.)		-	iuai oi	
	1962, Bermuda Pointe D					
	Florida street address (P.C		eptable)	_		
	Haines City	FL	33844			
	City		Zip	***		
the place designa capacity. I further	as registered agent and to acc ted in this certificate, I hereby agree to comply with the provi I am familiar with and accept t	accept the appoi	intment as registere tes relating to the p f my position as reg	d agent and agree to roper and complete	act in to perform	his ance
	Registered Agont's		UIRED	- <u>j</u>	5 AHIII	
	(CON	TINUED)			(A	

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
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ective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the	
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section)	e specific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the fective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a number or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. In 605.0203 (1) (b) and the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the ective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the fective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)