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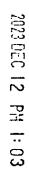
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COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Alex's Flandyman & Transportation Services LLC  Name of Limited Liability Company
Name of Entitled Campany
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexander Kevin Klees
Name of Person
Alex's Handyman & Transportation Sercies LLC
Firm Company
12701 Washburn Drive
Address
Fort Myers FL 339.05
City/State and Zip Code Alex,Klees,2000@ocfarms.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexander Klees at (239 ) 4705455
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

**■**\$125 00 Filing Fee □\$

□\$130,00 Filing Fee & Certificate of Status

(3\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) Cl\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en**cto**sed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabilit	ry Company is:		
Alex's Handyman an (Must cont	d Transportation LLC ain the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal (	office of the Lim	ited Liability Company is:
Princip	al Office Address:		Mailing Address:
12700 Washburn Dr Fort Myers F1, 3390			Fort Myers F1, 33905
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its owi active Florida registration	r Registered Age on.)	Agent's Signature: ent. You must designate an individual or
	Patricia Klees	Name	·····
	12701 Washburn Di Florida street addres		o'T accentable)
	Fort Myers	F1.	33905
	City	State	Zip
place designated in this certificate forther agree to comply with the p	t, I hereby accept the approvisions of all statutes the bligations of my position	pointment as regi- relating to the pro- cas registered ag	r the above stated limited liability company at the istered agent and agree to act in this capacity. I oper and complete performance of my duties, and ent as provided for in Chapter 605, F.S  gnature (REQUIRED)



<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	i e e e e e e e e e e e e e e e e e e e
MGR	Alexander Klees
WGK	12700 Washburn Drive
	Fort Myers FL 33905
(Use attachment if necessary)	
CTICLE V: Effective date, if other that an effective date is listed, the date mediate of filing.)  ote: If the date inserted in this block of	n the date of filing:
CTICLE V: Effective date, if other that an effective date is listed, the date mediate of filing.)  ote: If the date inserted in this block of document's effective date on the De	ust be specific and cannot be more than five business days prior to or 90 days after loes not meet the applicable statutory filing requirements, this date will not be listed a
CTICLE V: Effective date, if other that an effective date is listed, the date medate of filing.)  ote: If the date inserted in this block of document's effective date on the De  CTICLE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 days after loes not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
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ETICLE V: Effective date, if other that an effective date is listed, the date medate of filing.)  ote: If the date inserted in this block of document's effective date on the De  ETICLE VI: Other provisions, if any.  REOURED SIGNATURE:	ust be specific and cannot be more than five business days prior to or 90 days after loes not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
CTICLE V: Effective date, if other that an effective date is listed, the date mediate of filing.)  ote: If the date inserted in this block of document's effective date on the Decentral Englishment of the Decentral Engli	ust be specific and cannot be more than five business days prior to or 90 days after loes not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
TICLE V: Effective date, if other that an effective date is listed, the date in date of filing.)  ote: If the date inserted in this block of document's effective date on the Detective date on the Detective VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature I am aware that constitutes a the	loes not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.  Local State's records.  The of a member of an authorized representative of a member.  It is executed in accordance with section 605,0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30,00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)