F2200000 3788

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRECISION CONSTRUCTION A	ND PAINT INC
Name of cor	poration - must include suffix
Dear Sir or Madam:	
	ation for Authorization to Transact Business in Florida," bood Standing" and check are submitted to register the ct business in Florida.
Please return all correspondence concerning th	is matter to the following:
RAFAEL LAURENTIN	
1	Jame of Person
CARONI CONSULTING, LLC	
F	irm/Company
810 S. MASON RD STE 307	
	Address
KATY, TX 77450	
City	y/State and Zip code
nellycastillo91@yahoo.com	
E-mail address: (to l	be used for future annual report notification)
For further information concerning this matter,	please call:
	13) 309-0469
Name of Person A	rea Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	

Please make check payable to: FLORIDA DEPARTMENT OF STATE

□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee &

■ \$87.50 Filing Fee,

*** APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PRECISION CO	ONSTRUCTION AND PAINT INC				
	orporation: must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORAT	ion,"		
PRECISION CO	DNSTRUCTION INC				
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transaction	eting business in Florida)		
2 TEXAS	3.	3. 88-1167012			
(State or countr	y under the law of which it is incorporated)) (FEI number, if applicable)			
4. 02/25/2022	5				
(Date of incorporation)		(Date of duration, if oth	(Date of duration, if other than perpetual)		
6.					
7. <u>19126 CLEVER</u> 7	(SEE SECTIONS 607.1501 & 607.1501	ice street address)			
	(Current mailir	ng address, if different)	C (40)		
8. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)			
Name:	GUILLERMO ARTURO LARA LOPEZ		- O		
Office Address:	205 CHELSEA DR		AM 7: 22		
	PANAMA CITY BEACH	, Florida <u>32413</u>	FF 22		
	(City)	(Zip code)	רח י		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Guillemo Atro Lava lonez
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A: DIRECTORS					
□Chairman	Name: NELLY CASTILLO	□ Chairman	Name: JOAQUIN ARTURO LARA		
□Vice Chairman	Address: 19126 CLEVERA WALK LN	□Vice Chairman	Address: 19126 CLEVERA WALK LN		
□Director	HOUSTON, TX 77084	Director	HOUSTON, TX 77084		
President		□President	4		
□Vice President		■ Vice President			
Secretary	□Treasurer	☐ Secretary	Treasurer		
□Other	□ Other	□Other	Other		
Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	Other	Other	□Other		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other	□Other	□Other	□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. NELLY CASTILLO Signature of Director or Officer					

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is 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.

(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



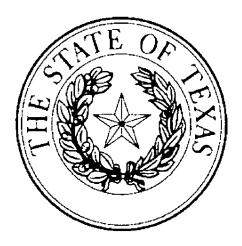
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PRECISION SERVICES AND CONSTRUCTION INC (file number 804448713), a Domestic For-Profit Corporation, was filed in this office on February 25, 2022

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 02, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1153141710004