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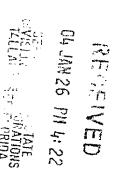
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Please Call when Ready.
28 264-8832





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SECKETARY OF STATE TALLANDA

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Precision Custom CArpentry L.L.C (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Louis Robinson (Name of Person)
Precision Custom Carpentry L.L.C. (Firm/Company)
2111A South Meridian St. (Address)
TA // Ather 5 see # 32301 (City/State and Zip Code)
For further information concerning this matter, please call:

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

at (850) 264 - 8832 (Area Code & Daytime Telephone Number)

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Precision Coston Carpento	y LLC
ARTICLE II - Address:	/ ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
211th South Meridian St. Tel. 41. 32301	"SRINE
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature.
The name and the Florida street address of the re Louis Robinson Name	gistered agent are: 26 AM 9: AN 26 AM 9:
2011 A S. Mer. d. Florida street address (P.O.	ian st.
City, State, an	FL 3230 (

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member	
, ·	
MGRM Louis Robinson	
MGRM Louis Robinson 2111 A S. Meridian St.	
Toll- \$1 32301	
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	(L)
(Use attachment if necessary)	
NOTE: An additional article must be added if an effective date is requested.	
REQUIRED SIGNATURE:	
· 4//	
Louis Kolm	
Signature of a member or an authorized representative of a member.	
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury	

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)