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J. Shivers SEP 29 2005

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: PREC		IES OF PALMETT	O, LLC
	(Name of Limite	ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
CHARLE	S H. BALL, ESQ	UIRE	
-		(Name of Person)	
CHARLE	S H. BALL, PA		
		(Firm/Company)	
1444 FIF	RST STREET		
		(Address)	
SARASO	TA, FLORIDA	34236	
	(City	/State and Zip Code)	TAS S
For further information	concerning this matter, please	call:	CLAHA
COLEEN SHO	ONDEL of Person)	at (941) 952-15 (Area Code & Daytime To	
Enclosed is a check for	or the following amount:	,	FLORIT
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Addres Registration Section Division of Corporation	_

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	CI	.E	I - '	Nam	ρ,

The name of the Limited Liability Company is:

PRECISION PROPERTIES OF PALMETTO, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Maning Address:
1511 18TH AVE DR E	1511 18TH AVE DR E
PALMETTO, FLORIDA 34221	PALMETTO, FLORIDA 34221

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	Name
1444 FIRS	T STREET
	Florida street address (P.O. Box NOT acceptable
SARASOTA.	_{FL} 34236

Having been named as registered agent and to accept service of process for the above stated familiar 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGING MEMBER	RICHARD PORTER 1511 18TH AVE DR E PALMETTO, FLORIDA 34221
MANAGING MEMBER	WILLIAM PORTER 1511 18TH AVE DR E PALMETTO, FLORIDA 34221

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 20, 2005 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

CHARLES H. BALL, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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