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COVER LETTER

Division of Corporations	
SUBJECT: Precise Scoring Solutions	, L.L.C.
(Name of Limited	l Liability Company)
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Michael Longman	
	Name of Person)
Precise Scoring Solutions, L	L.C.
- (0	Firm/Company)
5373 Ehrlich Road #203-2	.13
	(Address)
Tampa, FL 33625	
(City/	State and Zip Code)
For further information concerning this matter, please of	eall:
Michael Longman	at / 813 \ \ \ 264-4063
(Name of Person)	at (813) 264-4063 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COMPANY
A PRINTED BY Y. N	TALLAHASSEE, FLORIDA
ARTICLE I - Name:	A 101
The name of the Limited Liability Compa	ny is.
Precise Scoring Solutions, L.L.C.	
(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:	Mailing Address:
3345 Foxridge Circle	5373 Ehrlich Road #203-213
Tampa, FL 33618	Tampa, FL 33625
(The Limited Liability Company cannot serve as its own	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
business entity with an active Florida registration.)	
The name and the Florida street address of	f the registered agent are:
Michael Longman	
	Name
3345 Foxridge Circ	le

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.

City, State, and Zip

Florida street address (P.O. Box NOT acceptable) FL 33618

Registered Agent's Signature (REQUIRED)

Tampa

(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:

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF TALLAHASSEE, FL
MGR	Michael Longman	
	3345 Foxridge Circle Tampa, FL 33618	
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		······
(Use attachment if necessary)		
•		
ICLE V: Effective date, if other than the n effective date is listed, the date must b 90 days after the date of filing.)		

AA_

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.)

Michael Longman

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)