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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

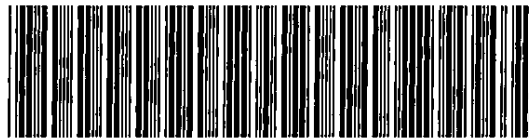
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUN 30 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sam

TRANSMITTAL LETTER

TO: Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

DATE: June 28, 2006

SUBJECT: **PRECISION APPLIANCE REPAIR, LLC**

The enclosed Articles of Organization, a copy and fees are submitted for filing. Please return a copy of the filed Articles of Organization and all correspondence concerning this matter to the following:

**Shawn Mock
Precision Appliance Repair, LLC
3482 SW Esperanto St.
Port St. Lucie, FL 34953**

For further information concerning this matter, please call:

Shawn Mock at (954)818-3754.

Also enclosed is a check for \$ 130.00.

<input checked="" type="checkbox"/>	\$100.00	Filing Fee
<input checked="" type="checkbox"/>	\$ 25.00	Designation of Registered Agent
<input type="checkbox"/>	\$ 30.00	Certified Copy (Optional)
<input checked="" type="checkbox"/>	\$ 5.00	Certificate of Status (Optional)

FROM:

Shawn Mock

Shawn Mock, Mgr

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRECISION APPLIANCE REPAIR, LLC

ARTICLE II - Address:

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

Principal Office Address:

3482 SW Esperanto St.

Port St. Lucie, FL 34953

Mailing Address:

3482 SW Esperanto St.

Port St. Lucie, FL 34953

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Shawn A. Mock

Name

3482 SW Esperanto St.

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

Port St. Lucie, FL 34953

FLORIDA

City, State, and Zip

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TALLAHASSEE, FLORIDA

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, Florida Statutes..

Shawn Mock

Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MRGM

Shawn A. Mock

3482 SW Esperanto St.

Port St. Lucie, FL 34953

MRGM

Amy Mock

3482 SW Esperanto St.

Port St. Lucie, FL 34953

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Shawn A. Mock

Typed or printed name of signee

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)