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COVER LETTER.

TO:

TO: Registration Sec Division of Corp				
SUBJECT: DR'E	Name of Limited	exoling and land Liability Company)	ascapinque.	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
<u> </u>	ouncey Checoo	Name of Person)		
		ng eina londscaf Firm/Company)	sing UC	
2467	44m St. S	(Address)		
St. PETErsborg, F1 33711 (City/State and Zip Code)				
For further information c	oncerning this matter, please c	all:		
Chauncey (Name of	of Person)	at (777) Sop - 7 (Area Code & Daytime Tele	phone Number)	
Enclosed is a check for	r the following amount:		O7 MAR	
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filims Feet Certificate AL Status & I Certified Copy (additional carry 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 C Tallahassee, FL 32301	> 3	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Precise Mobile detailing and landscaping UC (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:
2467 UM St. SOUM St. DETERSONS, FI 33711	2467 44 St. 50647 St. pet cisarci, 71 33711
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Chancey Cree Name	30ry
St. DELESburg	ress (P.O. Box NOT acceptable)
	nd Zip A A A A A A A A A A A A A A A A A A A
registered agent and agree to act in this capaci all statutes relating to the proper and complete	ty. I further agree to comply with the provisions of eperformance of my duties, and Lam familiar with gistered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:
MGRM	Chauncey Coresory 2407 44Th SE SOLAN ST DETERBOURG, FI 3374
	O7 HAR 30
<u></u>	AM 11:49 SFE, FLORIDA
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date mu prior to or 90 days after the date of filing.)	he date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
(In accordance with	ber of an authorized representative of a member. section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury di herein are true.)

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)