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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Precision Capital Management, LLC
(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:

Jeffrey Stern

(Name of Person)

Precision Capital Management, LLC

(Firm/Company)

1395 Brickell Avenue, Suite 3003

(Address)

Miami, Florida 33131

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jeffrey Stern

(Name of Person)

at (**305**) **682-9829**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
For
Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:
Precision Capital Management, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1395 Brickell Avenue, Suite 3003
Miami, Florida 33131

The mailing address of the Limited Liability Company is:
1395 Brickell Avenue, Suite 3003
Miami, Florida 33131


Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
Samantha Stevens, Esq.
2656 Airport Road South
Naples, Florida 34112

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.


Signature of Registered Agent

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Article IV

The name and address of the managing members / managers are:

Title: Manager
Jeffrey Stern
1395 Brickell Avenue, Suite 3003
Miami, Florida 33131



Signature of member or authorized
representative a of member

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