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EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Pre cision Investigat Group. LLC	ive
	THE SOLES
	Art of Inc. File LTD Partnership File Foreign Corp. File
•	Fictitious Name File Trade/Service Mark
	Merger File
	Art. of Amend. File RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by A	UCC I or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is: PRECISION INVESTIGATIVE GROUP LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
36181 FAST LAKE RD #378 PALM HARBOR, EL. 34685	BALM HARBOR, FL. 34685	
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:		
LEVALLEY & NAPOLITANO PL		
8406 FLASSACHUSETTS AVE St. A-/ Florida street address (P.O. Box NOT acceptable) New Part Kicheyfl 34453 City, State, and Zip		
NEW PORT RICHEYFL 34653 City, State, and Zip		
liability company at the place designated in t registered agent and agree to act in this capacit	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all exformance of my duties, and I am familiar with and	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent ps provided for in Chapter 608, F.S.

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

MGRM

SCARLETT J. VITA

36181 EAST LAKE ED. # 378

FALM HARBER, FL. 34685

MERM

GRANK A. VITA

36181 EAST LAKE RD. #378

FALM HARBER, FL. 34685

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ________. (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.)

NK A VITA

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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