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SECRETARY OF SIME

D. BRUCE.

JAN - 6 2010

EXAMINER

COVER LETTER

TO:	Registration Division of C				
SUBJE	CT:	Pı	recipice I.T. LLC		
		Name of Limi	ted Liability Company		
The end	closed Articles	of Organization and fee(s) are	submitted for filing.		
Please r	return all corres	pondence concerning this ma	tter to the following:		
		М	illicent Johnson		
			Name of Person		
_		Pr	ecipice I.T. LLC		
_			Firm/Company	,	
		107	Wooddale Drive	•	
-			Address		
		Bra	andon FL 33511	,	
•		Ci	ty/State and Zip Code	2 S	
		millicentjo	hnson@precipiceit.com	1 5 5 5	- i
		E-mail address: (to be used	for future annual report notification	on)	
For furt	her information	concerning this matter, pleas	e call:	25 P	F
	Millic	ent Johnson	at (813)	699-4227	Ţ
	Name	e of Person	Area Code & Daytime	Telephone Number	
Enclos	ed is a check f	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)	
				(anaritorian copy in cricioscu)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The hame of the Emined Diability Company is.	
D	
Precipice IT	
(Must end with the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
107 Wooddale Drive	809 East Bloomingdale Ave
Brandon FL 33511	Brandon FL 33511
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	egistered agent are:
Millicent Jo	ohnson
Name	onnson
107 Woodd	ale Drive
Florida street address (P.O.	Box NOT acceptable)
Brandon FL 33511	FL
City, State, a	nd Zip
	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-	Manager(s	or Managing	Member(s)):
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The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing	Member	
MGRM	Millicent Johnson	
	107 Wooddale Drive	
	Brandon FL 33511	
MGRM	Michael Johnson	
	107 Wooddale Drive	
	Brandon FL 33511	
(Use attachment if nece	ssary)	
•	• /	AI.)
CLE V: Effective date, if effective date, the	other than the date of filing: (OPTION.e date must be specific and cannot be more than five business da	
CLE V: Effective date, if	other than the date of filing: (OPTION.e date must be specific and cannot be more than five business da	
CLE V: Effective date, if effective date, the	other than the date of filing: (OPTION.e date must be specific and cannot be more than five business dalling.)	
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CLE V: Effective date, if effective date is listed, the days after the date of the REQUIRED SIGNAT	other than the date of filing: (OPTION. e date must be specific and cannot be more than five business da ling.) URE:	
CLE V: Effective date, if effective date is listed, the days after the date of the REQUIRED SIGNAT	other than the date of filing: (OPTION. e date must be specific and cannot be more than five business da ling.) URE:	
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CLE V: Effective date, if effective date is listed, the days after the date of face of the date of the	other than the date of filing:	ys pri
CLE V: Effective date, if effective date is listed, the days after the date of face of the date of the	other than the date of filing: date must be specific and cannot be more than five business data ling.) URE: ure of a member or an authorized representative of a member. ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury e facts stated herein are true.)	ys pri 10 JAN

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)