11000085541

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Warne)
(Document Number)
Certified Copies Certificates of Status
Special instructions to Filing Officer:

G. MCLEOD

AUG 16 2010

EXAMINER



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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SUBJECT: Pro-Pr	ecision Electrical Co	ontracting, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles o	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Dale Wright	<u>t</u>		
		Name of Person	
Pro-Precision	on Electrical Contract		
		Firm/Company	
10063 SW 2	218th St		
		Address	
Cutler Bay,	FL 33190		
	Cir	y/State and Zip Code	
wrightdale14	4@yahoo.com	for future annual report notification)	
	,	•	
For further information	concerning this matter, please	e call:	
Dale Wright		at (305) 439-1784	<u> </u>
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or 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 Chiton Building 2661 Executive Center Ci	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
Pro-Precision Electrical Co.	ntracting, LLC				
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
9730 SW 220th St	9730 SW 220th St				
Cutler Bay, FL 33190	Cutler Bay, FL 33190				

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

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

business entity with an active Florida registration.)

Sydney Rose

Name

9730 SW 220th St

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

Cutler Bay, FL 33190

City, State, and Zip

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):

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

"MGRM" = Managing Member	
MGR	Dale Wright
	10063 SW 218th St
	Cutler Bay, FL 33190
	
	
(Use attachment if necessary)	
•	α . Δ .
F W W / 1766-41 1-4- 16-414141	ne date of filing: $08 - 06 - 2010$ (OPTIC

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.)

Dale Wright
Diped or printed name of signce

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)