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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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FLORIDA LIMITED LIABILITY CO.

Precision Consulting Solutions, LLC

Certificate of Status	0
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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PRECISION CONSULTING SOLUTIONS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

10738 NORTHRIDGE CT
TRINITY, FLORIDA 34655

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

DEBORAH COX
10738 NORTHRIDGE CT
TRINITY, FLORIDA 34655

Having been named as registered agent 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.



DEBORAH COX / Registered Agent's signature

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PRECISION CONSULTING SOLUTIONS, LLC

ARTICLE IV MANAGEMENT

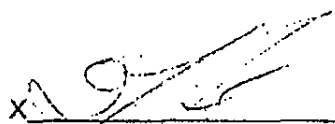
The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
DEBORAH COX
10738 NORTHRIDGE CT
TRINITY, FLORIDA 34655

MANAGING MEMBER
AMJAD TAREEN
1418 IMPATIENS CT
TRINITY, FLORIDA 34566

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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.

DEBORAH COX

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