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(Requestor's Name)	
(Address)	
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(1441033)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Eddinoss Ends, ramo)	
(Document Number)	
Certified Copies Certificates of Status	
Cassial Instructions to Filing Officer	
Special Instructions to Filing Officer:	
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B. BOSTICK
DEC 2 8 2010

EXAMINER

COVER LETTER

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Registration Section

Division of Ce	orporations		
Precis	sion Woodworking	· II C	
SUBJECT: Precis	_	d Liability Company	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Jay M Mi	ller		
		Name of Person	
Precision	Woodworking, LL	_C.	
		Firm/Company	
4964 Wa	uchula Rd		
1001114	doridia i ta	Address	
Myakka Ci	ty, FL 34251	10.44 1 7: - C - 1 -	
ما ما داده المحمد ما داده ا		State and Zip Code	
jaysmokinb	bq@yahoo.com E-mail address: (to be used fo	r future annual report notification)	<u> </u>
For further information	concerning this matter, please	•	DEC PEC
Jay M Miller		at (941) 650-3150	SSEE SSEE
Name	of Person	Area Code & Daytime Tele	phone Number 19
Enclosed is a check for	or the following amount:		phone Number STATE 18
\$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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Precision Woodworking, LLC.		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
4964 Wauchula Rd Myakka City, FL 34251	4964 Wauchula Rd Myakka City, FL 34251	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	C 2
Jay M Miller		
Name		力。 E D
4964 Wauchula Rd		PH 4: 48
Florida street address (P.O. Box NOT acceptable)		Ä,
Myakka City	_{FL} 34251	
City, Sta	te, 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..

egistered 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Meml	Name and Address:
MGRM	Jay M Miller
	4964 Wauchula Rd
	Myakka City, FL 34251
	ASE TO D
	TO HE MAN
	P
(Use attachment if necessary)
	than the date of filing: Ologo (OPTIONAL) e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	:
Signature di	a member of an authorized representative of a member.
constitutes an affirma	ection 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true.

constitutes a third degree felony as provided for in s.817.155, F.S.)

Jay M Miller

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)