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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

JAN 27 2011

**EXAMINER** 

## **COVER LETTER**

•	pistration Section ision of Corporations
SUBJECT:	PRESSURE Tech Plus Limited Liability Company Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	ANTHONY MEROLA  Name of Person
	PRECIURE Tech Plus LL ( Firm/Company
<del></del>	6567 CONSTANCE STREET
	Lake Worth FL 33467 City/State and Zip Code
_A1	Me Rola 14 (D. Yahoo. (OM. E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
Adth	Name of Person at (56) 307-9617  Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
<b>∕</b>  \$125.00 Filin	rig Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	記書
PRECIURE Tech Plus Limited I (Must end with the words "Limited Liabil	ity Company, "L.L.C.," of "LLC."
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
LAKE WORLL, FL 33467	6567 Constance staget Lake worth, FL 33467
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis	

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

business entity with an active Florida registration.)

ANTHONY MOROLA

Name

6567 (ONSTANCE STREET

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

LAKE WORTH, FL 33467

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)

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
_mgr	ANTHONY MEROLA 6567 CONSTANCE STREET LAKE WORTH, FL 33467
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mus	
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIONA st be specific and cannot be more than five business day
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fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section constitutes an affirmation u I am aware that any false ir constitutes a third degree fe	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
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