

L11000122961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

**G. MCLEOD**

OCT 28 2011

**EXAMINER**



800212219598

10/27/11--01005--020 \*\*125.00

FILED  
11 OCT 27 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Precipies, LLC

(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:

Rose M. Sheehan  
6480 NW 105 Terrace  
Parkland, Florida 33076

E-mail address: [rosesheehan@fltitleguarantee.com](mailto:rosesheehan@fltitleguarantee.com)  
(to be used for future annual report notification)

For further information concerning this matter, please call: Rose Sheehan at (954) 868-3515

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
---	---	---	---

**Mailing Address Street/Courier Address**

Registration Section Registration Section  
Division of Corporations Division of Corporations  
P.O. Box 6327 Clifton Building  
Tallahassee, FL 32314 2661 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: Precipies, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

6480 NW 105 Terrace  
Parkland, FL 33076

### Mailing Address:

6480 NW 105 Terrace  
Parkland, FL 33076

FILED  
11 OCT 27 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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 business entity with an active Florida registration.)

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

Rose M. Sheehan.  
6480 NW 105 Terrace  
Parkland, FL 33076

*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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

(Use attachment if necessary)

**Name and Address:**

MGRM

Rose M. Sheehan  
6480 NW 105 Terrace  
Parkland, Florida 33076

**ARTICLE V: Effective date, is the date of filing.**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Rose M. Sheehan

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.)

Rose Sheehan

Typed or printed name of signee