## 200236216992 (Requestor's Name) (Address) 06/15/12--01031--026 \* (Address) (City/State/Zip/Phone #) ☐ MAIL **□** WAIT D PICK-UP (Business Entity Name) (Document Number) Certificates of Status -Certified Copies \_\_ Special Instructions to Filing Officer. C Office Use Only

## **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJI	ECT: Precision Auto LLC.  Name of Limited Liability Company
The en	sclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jonathan Turner Name of Person
	Firm/Company
	12447 S.W. County Rd. 769
	Lake Suzy F1 34269  City/State and Zip Code  Precisionautofle amail com  E-mail address: (to be used for future annual report notification)
	Precisionautofle amail. Com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Sonathan Turner at (941) 276 - 4336 Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125.00	O Filing Fee \$\bigs\tag{\text{\$130.00 Filing Fee & Certificate of Status}}\$\$  Certificate of Status \$\bigs\text{\$Certified Copy (additional copy is enclosed)}}\$\$  Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabasses 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:		
Precision Auto LLC. (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
12447 S.W. County Rd. 769 Lake Suzy, Fl 34269	12447 S.W. County Rd. Lake Suzy, Fl. 34269	7 <b>69</b> —
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	<b>三</b>
Jonathan Turne Name		FILED JUNIS AM
12447 S.W. Cour Florida street addr	ress (P.O. Box NOT acceptable)	AMII: 06
Lake Suzy City, Stat	FL . <b>34269</b> e, and Zip	<b>6</b>
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby accept the appo I further agree to comply with the pi formance of my duties, and I am fami	ointment as rovisions of all liar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	or Managing Member(s):  Manager or Managing Member is as follows:  12 JIN 15 AV
Title: "MGR" = Manager "MGRM" = Managing Member	Manager or Managing Member is as follows: 12 JUN 15 AH  Name and Address:  PART OF THE LAMASSEE, FI
MGRM	Jonathan Turner PMB#62 2200 Kings Hury. 3-L Port Charlotte, FI. 33980
MGRM	PMB# 62 2200 Kings Hury . 3-L Port Charlotte, Fl. 33980
<del>-</del>	than the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days price
days after the date of filing.)	must be specific and camer be more than 1110 business and 5 print
REQUIRED SIGNATURE:	
	a member or an authorized representative of a member.
Signature of a  (In accordance with sec constitutes an affirmati I am aware that any fal constitutes a third degree	a member or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
Signature of a  (In accordance with sec constitutes an affirmati I am aware that any fal constitutes a third degree	a member or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State