

L12000146988

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Law Offices of*  
**Andrew DeGraffenreidt, LLC**  
319 Clematis Street, Suite 602  
West Palm Beach, Florida 33401

**TELEFAX**  
(561)832-9189

**TELEPHONE**  
(561)596-6420

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12 NOV 19 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 19, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: PRECISION AUTO WORKS LLC**

Please find enclosed for filing the articles of organization for the above referenced entity as well as a check in the amount of \$ 160.00 with respect to the filing fee for the Articles of Organization and Designation of Registered Agent; certified copy of Articles of Organization and Certificate of Status, designation of registered agent and certified copy of the filed articles of incorporation. Also find enclosed a self addressed stamped envelop to return the copy of the certified articles of incorporation to the named incorporator.

The following information is to be used for annual report notifications:

SUSAN SKILES  
PRECISION AUTO WORKS LLC  
2539 S.E. Tropical East Circle  
Port St. Lucie, FL 34952-7230  
Need email address Italpr1@aol.com

Thank you for your kind attention to this matter and should you have any questions, please let me know.

Very truly yours,

Andrew DeGraffenreidt, LLC

cc: Susan Skiles



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2012

SUSAN KILES  
2539 S.E. TROPICAL EAST CIRCLE  
PORT ST. LUCIE, FL 34952-7230

SUBJECT: PRECISION AUTO WORKS, LLC  
Ref. Number: W12000055979

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12 NOV 19 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PRECISION AUTO WORKS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The existing entity with a similar name is PRECISION AUTOWORKS, INC. -- Document Number P04000161413.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 912A00026799

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

LAKE PARK PRECISION AUTO WORKS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

LAKE PARK PRECISION AUTO WORKS LLC

1442 10TH COURT

LAKE PARK FL 33403

### Mailing Address:

LAKE PARK PRECISION AUTO WORKS LLC

2539 SE TROPICAL EAST CIRCLE

PORT ST. LUCIE, FL 34952-7230

## 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:

SUSAN SKILES

Name

2539 SE TROPICAL EAST CIRCLE

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

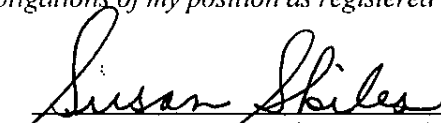
PORT ST. LUCIE

FL

34952-72

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)

**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

**Name and Address:**

MGR

SUSAN SKILES

2539 SE TROPICAL EAST CIRCLE

PORT ST LUCIE FL 34952

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: OCTOBER 6 2012. (OPTIONAL)

(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:**

  
\_\_\_\_\_  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SUSAN SKILES

\_\_\_\_\_  
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)**