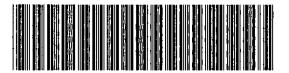
# L/3000/27/50

(Req	juestor's Name)	
(Add	lress)	,
(Add	lress)	
<del></del>		
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(2.1.)		··• <b>,</b>
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
	<b>SEP</b> - 9	2013
	A. LUP	<b>1</b> T

Office Use Only



400251261254

09/04/13--01024--010 \*\*160.00

2013 SEP -3 FH 22 04

(850) 245-6051.

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Precision PTAC Services 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:
Christopher V Davis Name of Person
Precision PTAC Scivices Firm/Company
3370 Shalimar Cir
Address
Deltona, Fl 32738  City/State and Zip Code
City/State and Zip Code
Precision ptac Qamail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher N Davis at (386) 213-0134  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

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 Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Precision PTAC Services 7/6 (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:	Mailing Address:
3370 Shalimar cir Deltona, Fl 32738	3370 Shalimor Cir Deltona, El 32738
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Christopher A	egistered agent are:
Name	On the power
3370 Shalima	
	lress (P.O. Box NOT acceptable)
Deltona	FL 52738
City, Sta	ate, 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 (REOUIRED)

(CONTINUED)

# 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	Name and Address:
"MGRM" = Managing Member	
MGR	Christopher N Davis 3370 Shalimar Cir Deltona, Fl 32738
	AH 25 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
(Use attachment if necessary)	ONIDA DE
CLE V: Effective date, if other than the effective date is listed, the date must	date of filing: (OPTIONAL)  be specific and cannot be more than five business d

**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.)

Christopher Davis
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)