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| (Re | equestor's Name) | |
|-------------------------|--------------------|------------|
| (Ac | idress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | COVER LETTER |
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| | COVER LETTER Registration Section |
| TO: | Registration Section Division of Corporations |
| SUBJI | ECT: PRECISION HOME WATCH |
| | Name of Limited Liability Company |
| The en | closed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | BLANKENSHIP Name of Person |
| | Name of Person |
| | PRECISION HOME WATCH. Firm/Company |
| | Firm/Company |
| | 338 BRADSTRAM CIR. A 201 Address |
| | |
| | City/State and Zip Code PRECISION/DIMEWATCH (D. SMAIL Con E-mail address: (to be used for future annual report notification) |
| | City/State and Zip Code |
| - | E-mail address: (to be used for future annual report notification) |
| For fur | ther information concerning this matter, please call: |
| RON | D B. A. WONSHIP 238 021-6536 |
| 1)RA | Name of Person at (239) 821-6536 Area Code Daytime Telephone Number |
| r1 | |
| | ed is a check for the following amount: |
| V \$125.0 | O Filing Fee \$\Bigcup \text{\$\subset\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$\subset\$\$\subset\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$\$ 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 HOME L | JATCH LLC |
| | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal of | office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 338 BLADSTROM CIR ADOI | 338 BRADSTROM CIR. AZOI NAPLES, FL 34113 |
| | |
| ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration | Registered Agent. You must designate an individual or |
| The name and the Florida street address of the registered | |
| STEVE M Name | ILLER |
| | |
| Florida street address (P.O. Box | WB CIRCLE#7207 |
| • | |
| | FL 34122 Zip |
| City | Zip |
| the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob | ervice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance oligations of my position as registered agent as provided for in oter 605, F.S |
| Registered Agent's Signa | dture (REQUIRED) |
| (CONTINU | JED) 22 25 |
| Page 1 of 2 | 2 9 5 5 S |

| | Name and Address: |
|---|---|
| AMBR" = Authorized Member | |
| IGR" = Manager | 9110 0 1 xxx 110 P |
| PRESIDENT | BRAP BEAMENSHIP 338 BRADSTROM CIR. HO |
| | 1 ADING EL 3413 |
| ICE PRESIDENT | pirces fe still |
| ICE PRESIDENT | STEVEN MILLER |
| · · · · · · · · · · · · · · · · · · · | 1820 FLA CLUB CIRCLE NAPLES, FL 34112 |
| | NAPLES, FL 34112 |
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| Use attachment if necessary) V: Effective date, if other than the date of fitive date is listed, the date must be specific filing.) | iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 d |
| V: Effective date, if other than the date of fitive date is listed, the date must be specific | ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 c |
| V: Effective date, if other than the date of fitive date is listed, the date must be specific filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: | c and cannot be more than live business days prior to or 90 c |
| V: Effective date, if other than the date of fitive date is listed, the date must be specific filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: | c and cannot be more than live business days prior to or 90 c |
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| V: Effective date, if other than the date of fitive date is listed, the date must be specific filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member | Suluiser or an authorized representative of a member. |
| V: Effective date, if other than the date of fitive date is listed, the date must be specific filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the | and cannot be more than live business days prior to or 90 described by the state of a member. 203 (1) (b), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true. |
| V: Effective date, if other than the date of fitive date is listed, the date must be specific filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false information.) | and cannot be more than live business days prior to or 90 described by the state of a member. 203 (1) (b), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true. |
| V: Effective date, if other than the date of fitive date is listed, the date must be specific filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as | er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document expendities of perjury that the facts stated herein are true on submitted in a document to the Department of State provided for in s.817.155, F.S.) |
| V: Effective date, if other than the date of fitive date is listed, the date must be specific filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a membe (In accordance with section 605.02 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as | er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document expendities of perjury that the facts stated herein are true on submitted in a document to the Department of State provided for in s.817.155, F.S.) |
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