

**L15000077114**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000106345 3)))



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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0939  
Fax Number : (305) 592-9591

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
MAILING SERVICE

15 MAY - 1 PM 12:20

FILED

15 MAY - 1 AM 10:00

BUREAU OF CORPORATIONS  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**Precision Plumbing, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |



May 1, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FASTKIT CORP

SUBJECT: PRECISION PLUMBING, LLC  
REF: W15000030842

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: W15000106345  
Letter Number: 015A00008979

15 MAY -1 10:00  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Precision Plumbing, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

15417 SW 1168 Terrace  
Miami, FL 33180

Mailing Address:

Same as Principal

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:

Tax Pros. of Miami, Inc.

Name

13205 SW 137 Ave, Ste 100

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

Miami FL 33186

City

State

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 605, F.S.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAY - 1 PM 12:20  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MOR" = Manager

**Name and Address:**

Managers

Anthony G. Cooke  
13417 SW 168 Terrace  
Miami, FL 33187

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Anthony G. Cooke

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Anthony G. Cooke

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)