

L16000195117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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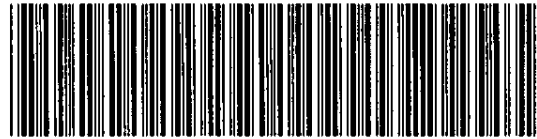
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2016 OCT 17 PM 12:53
TALLAHASSEE FL 32301
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

TY KENNEDY
6874 HAYTER DR.
LAKELAND, FL 33813

SUBJECT: PRECISE MOBILE OIL CHANGE AND ACCESSORIES LLC
Ref. Number: W16000070852

We have received your document for PRECISE MOBILE OIL CHANGE AND ACCESSORIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted to us was incomplete. Please resubmit the complete document including the cover sheet for processing.,

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) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 716A00022345

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precise Mobile Oil change and Accessories
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:

Ty Kennedy
Name of Person

Precise Mobile Oil change and Accessories
Firm/Company

6874 Hayter Dr.
Address

Lakeland FL. 33813
City/State and Zip Code

precisesynthetics@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ty Kennedy at (863) 255-6122
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 (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

Precise Mobile Oil Change and Accessories, 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:

6874 Hayter Dr.
Lakeland FL 33813

Mailing Address:

6874 Hayter Dr.
Lakeland FL 33813

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:

Ty Kennedy
Name
6874 Hayter Dr.
Florida street address (P.O. Box **NOT** acceptable)
Lakeland FL 33813
City State Zip

SECRETARY OF STATE
CLERK
FALL 2016

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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..

Ty Kennedy
Registered Agent's Signature (REQUIRED)

(CONTINUED)

W16000070852

ARTICLE IV-

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

Title:

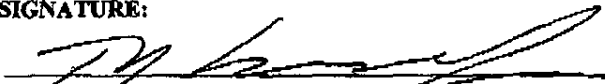
"AMBR" = Authorized Member

"MGR" = Manager**Name and Address:**Ty Kennedy
6874 Hayter Dr.
Lakeland FL 33813

(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:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Ty Kennedy
Typed or printed name of signer**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)

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TALLAHASSEE, FLORIDA