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	COVER LETTER .
TO: Registration Section Division of Corporations	·
SUBJECT: Precious Pieces Solutions LL0 Name of	C F Limited Liability Company
The enclosed Articles of Organization and fee(	s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Latoya M Green	Name of Person
<del></del>	Firm/Company
34 Patton Drive Apt 118	Address
Pensacola, FL 32507	
billeourworld@gmail.com F-mail.address: (to be	City/State and Zip Code used for future annual report notification)
For further information concerning this matter,	•
Latoya M Green a Rame 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	
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address  Registration Section  Division of Corporations  Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Precious Pieces Solutions LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
34 Patton Drive Apt 118 Pensacola, FL 32507	34 Patton Drive Apt 118 Pensacola, FL 32507
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida grant address of the registration.	Registered Agent's Signature: egistered Agent. You must designate an individual or
The name and the Florida street address of the registered at	
<u>Latoya M Green</u> Name	8: 37 LORIDI
34 Patton Drive Apt 118 Florida street address (P.O. Box N	IOT acceptable)
Pensacola	FL 32507
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this iall statutes relating to the proper and complete performance valions of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

fitle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MBR	Latoya M Green  34 Patton Drive Apt 118
	Pensacola, FL 32507
	1-61130COId, 1 E 02307
	<del></del>
<del></del>	
	<u> </u>
V: Effective date, if other than the date	e of filing: (OPTIONAL)
	e of filing:
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	
V: Effective date, if other than the date tive date is listed, the date must be spfiling.)  VI: Other provisions, if any.	
V: Effective date, if other than the date tive date is listed, the date must be spfiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 91
V: Effective date, if other than the date tive date is listed, the date must be spfiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a man (In accordance with section 6)	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date tive date is listed, the date must be spfiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a magnitude of a magnitude of a magnitude an affirmation und I am aware that any false information.	ember or an authorized representative of a member.
V: Effective date, if other than the date tive date is listed, the date must be spliting.)  VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a me (In accordance with section 6) constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
V: Effective date, if other than the date tive date is listed, the date must be spfiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a magnitude of a magnitude of a magnitude an affirmation und I am aware that any false information.	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document or the penaltics of perjury that the facts stated herein are true, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

\$ 30,00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)