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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Precious Hands, 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:
Precious Hall Name of Person
1033 Trazar Ka
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Precious Hula (562) 243-7042 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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(Must contain 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:			
1633 Oceazur Rd Tillahusser Fl 32811	AHA JIM	2010 APR	ញ់ "
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 of another business entity with an active Florida registration.)	ARY OF ST SSEE, FL	-6 PH 2	LED
The name and the Florida street address of the registered agent are: Name	ORIE	2: 42	
Florida street address (P.O. Box NOT acceptable) Toll abuses to 32211			

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.

State

City

(CONTINUED)

Zip

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Precious Hall 1033 DINIZUV Pol Fallangssee, Fl 32311
	SECRETARY DE ALLAMASSEE.
(Use attachment if necessary)	PH 2: 42
the date of filing.)	applicable statutory filing requirements, this date will not be listed a
This document is executed in at I am aware that any false inform	or an authorized representative of a member. eccordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State as provided for in s.817.155, F.S.

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)