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| (Re | equestor's Name) | | |
|-------------------------|-----------------------|--------|--|
| (Ac | ddress) | | |
| (Ac | ddress) | | |
| (Ci | ty/State/Zip/Phone #) | · — — | |
| PICK-UP | WAIT | MAIL | |
| (Bu | usiness Entity Name) | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates of | Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE ALL AHASSEE. FLORIDA

K PAGE

COVER LETTER

| | iling Section n of Corporations | | |
|--------------------|---|--|--|
| SUBJECT: | Precision Manag | rement, LLC Liability Company | · |
| The enclosed Ar | ticles of Organization and fee(s) are sub- | mitted for filing. | |
| Please return all | correspondence concerning this matter to | o the following: | |
| | Jamie T | D. Peaden ime of Person | |
| | Precision Man | agement, LLC | <u>.</u> |
| | 8230 Par | Ker Rd Address | |
| | Milton, Fa | 32570 tate and Zip Code | |
| | Precision manager E-mail address: (to be used for fi | ate and Zip Code Ment @ local uture annual report notification | companies.biz |
| For further inform | nation concerning this matter, please call | ; | |
| .J. | Name of Person Area C | | |
| Enclosed is a ch | eck for the following amount: | | |
| \$125.00 Filing | Certificate of Status | \$155.00 Filing Fee & Certified Copy Iditional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | Street Address | |
| | New Filing Section Division of Corporations | New Filing Section Division of Corporation | nne |
| | P.O. Box 6327 | Clifton Building | |
| | Tallahassee, FL 32314 | 2661 Executive Center | r Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Precision Manage | ment, LLC |
|---|--|
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| | |
| FIGLE II - Address: mailing address and street address of the principal office of the principal office Address: | |
| | ne Limited Liability Company is: Mailing Address: 8230 Parker Rd |

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Ty Peaden Septic Service, Inc.

Name

8230 Par Ker Rd

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

Milton, FC 32570

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..

egistered Agent's Signature (REQUIRED

(CONTINUED)

BAUG 10 AM 5: 3

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

| | uthorized Member | Name and Address: | | |
|--|--|--|------------------|--------|
| "MGR" = Mar \(\sum_K\) \(\sum_K\) | | Jamie Peaden 8230 Parker Rd Milton, E 32570 | | |
| | | | | |
| | | | | |
| (Use attachme | nt if necessary) | | | |
| (If an effective date is li the date of filing.) <u>Note:</u> If the date insert | | and cannot be more than five business days put e applicable statutory filing requirements, this | rior to or 90 da | |
| ARTICLE VI: Other pr | ovisions, if any. | | | |
| REQUIRED | SIGNATURE: | 2 Peadla | | _ |
| | This document is executed in a I am aware that any false inform | or an authorized representative of a member accordance with section 605.0203 (1) (b), Florination submitted in a document to the Departmy as provided for in s.817.155, F.S. | da Statutes. | |
| | <u>_\(\) \(\) \(\) \(\) Typ</u> | ed or printed name of signce | CRETA | HE AUG |

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)

ECRETARY OF STATE

FILED