L20000 382507

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

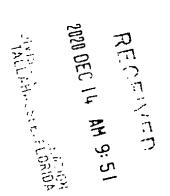
Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Precision Home Emprovment's UC 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:
Bobby Copper III
Tradition 1 1 closes
Precision Home Improvements LLC Firm/Company
Firm/Company
106 7-3° St W
Address
City/State and Zip Code bobby Coof & 3rd ergmail. Com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bobby Cooper TI at (941) 757-9/// Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Precis	ion Home Improv	Company, "L.L.C.," or "LLC.")	
(Must conta	ain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ddress of the principal office of	the Limited Liability Company is:	
	ıl Office Address:	Mailing Address:	
-32702 -32702 -32503 24	w Bradenha FL	106 23rd St W. Brod Pt. 341205	n/in
nother business entity with an a	camor serve as its own Registe ctive Florida registration.)	red Agent. You must designate an individual	or
he name and the Florida street a	address of the registered agent a	Poroce)300EC
he name and the Florida street a	address of the registered agent a	Poroce	1/ 330020/4
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he name and the Florida street a	address of the registered agent a		10:06 NHV 10:06

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Mas Ambl	Bobby 100pm IN-106 2-350 5/ W
	Brodenton Pt, 34205
AMER	Caitlyn Cooper - lob 23" St w
	Brutinten Pt 34205
	DESCRIPTION FU 39 LOS
Use attachment if necessary)	
•	(ODTIONAL)
V: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the detive date is listed, the date must be filing.)	specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
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V: Effective date, if other than the detive date is listed, the date must be filing.) the date inserted in this block does not ent's effective date on the Department's effective date on the Department's Other provisions, if any. EQUIRED SIGNATURE: Signature of a many factor o	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State
V: Effective date, if other than the dative date is listed, the date must be filing.) ne date inserted in this block does not ent's effective date on the Department's effective date on the Department's Other provisions, if any. EQUIRED SIGNATURE: Signature of a many that any factorstitutes a third degree.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member.

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)