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## COVER LETTER

TO: New Filing Section Division of Corporations SUBJECT: Precision FLOOT ING SPECIALISTLLC
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: MICHAEL A Wright T Namu of Person Firm/Company 12250 NW 90 TH AUE Address CHIEFLANDFI 32-426
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 972 ) 479+4528

Area Code Daytime Telephone Number Enclosed is a check for the following amount: 160.00 Filing Fee, □\$155.00 Filing Fee & □\$125.00 Filing Fee □\$130.00 Filing Fee &

**Mailing Address** 

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

Certificate of Status

Street Address

Certified Copy

(additional copy is enclosed)

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status &

(additional copy is enclosed)

Certified Copy

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

PKEC', S', ON FLOOP'NG SPEC', ALASTLLC, (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:
122250 90 THAVE	12 250 90 TH AUE
V CHIF FLAND FL	CHIEFLANDFL
32626	32624

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:

MICHAELA, WY'GHT

Name

12250NW 90 TH AVE

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

CHIEFLAND FL 32626

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..

Muchael A Hagel
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: <u>Title:</u> "AMBR" = Authorized Member Name and Address: "MGR" = Manager (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.

Filing Fees:

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

M'. C. I-/ 4 EL A. WY'. S.
Typed or printed name of signet

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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