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T. HAMPTON

FEB 2 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Precision Adventures LLC				
(Name of Lin	nited Liability Company)			
•••	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited			
Please return all correspondence concerning this n	natter to the following:			
Karen Kolb				
(Na	ame of Person)			
D 11 Alexandra				
Precision Adventures				
(FI	rm/Company)			
1440 State Hwy. 248, Suite	e Q-301			
	(Address)			
Branson, MO 65737				
(City/S	tate and Zip Code)			
For further information concerning this matter, ple	ease call:			
Karen Kolb	at (417) 272-1614			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Bigsig \\$125.00 \text{ Filing Fee} \Bigsig \\$130.00 \text{ Filing Fee & Certificate o}\$				



Florida Department of Agriculture & Consumer Services CHARLES H. BRONSON, Commissioner Tallahassee, Florida

January 15, 2008

Division of Consumer Services 2005 Apalachee Pkwy Tallahassee FL 32399-6500

Phone: 1-800-HELP-FLA Fax: 850-410-3804

URL: http://www.800helpfla.com

Refer To: DTN1637449

PRECISION ADVENTURES LLC 1440 STATE HWY 248 SUITE Q-301 BRANSON, MO 65737

RE: PRECISION ADVENTURES LLC

Dear Sir or Madam:

This will acknowledge receipt of your filing under the Sellers of Travel Act, Section 559.928, Florida Statutes.

Your filing cannot be processed until the following item(s) listed below have been received.

1. REGISTRATION WITH THE FLORIDA DIVISION OF CORPORATION. A REVIEW OF THEIR RECORDS INDICATES YOUR FILING WAS REJECTED.

From the time of receipt of a COMPLETED application and supporting documentation, the Division has ninety (90) days within which to investigate the application. Please send the item(s) checked above within 30 days from the date of this letter.

Thank you for your attention to this matter. Please be assured that we will give your application immediate and careful consideration. If you have any questions, please contact us at 1-800-HELP-FLA.

Sincerely,

7ina R Robinson

Tina R Robinson Regulatory Consultant 1-800-HELP-FLA, (850) 488-2221

Fax: 850-410-3804 robinst@doacs.state.fl.us



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2008

KAREN KOLB 1440 STATE HWY 248 STE Q-301 BRANSON, MO 65737

SUBJECT: PRECISION ADVENTURES LLC

Ref. Number: W0800000178

We have received your document for PRECISION ADVENTURES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 908A00005502

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

OB FEB 27] PM 1: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2008

KAREN KOLB 1440 STATE HWY 248 STE Q-301 BRANSON, MO 65737

SUBJECT: PRECISION ADVENTURES LLC

Ref. Number: W08000000178

We have received your document for PRECISION ADVENTURES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00000145

District of Company in a D.O. DOV 6207 Mellahanna Elavida 2021

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Precision Adventure	s LLC			
	(Name of Foreign	n Limited Linbility	(Company)	
-mD		3. 20-	5624901	
(Jurisdiction under the la company is organized)	w of which foreign limite	i liability	(FEI number, if applicable)	
		5.	apropertual	÷
(Date of C	Organization)	(D	puration: Year limited liability company wist or "perpotual")	vill cease to
, na				
	(Date first transacted bus (See sections 608.501 & 6	iness in Florida, it 08.502 F.S. to det	f prior to registration.) coming penalty liability)	
	, , , , , , , , , , , , , , , , , , ,	•	-	
·				
182 Pritchai	1 Holler, K.	eeds Jar	cipal Office)	V
<u> </u>	/ (Stre	et Address of Prin	cipal Office)	
3. If limited liability co	ompany is a manager-	managed comp	oany, check here	
). The name and usual	l business addresses o	f the managing	members or managers are as follo	ws:
Sheree	Brown ,	Man. r	Imbr.	
2/ / /	2 2 2	J , ,,	" D (C	10737
Physical ad	dress: 182 Fri	tchkid H	Mer Reads Spring, Mo	62/3/
Mailing ad	dress: 1440 S	tate Hwy.	248 Swite Q-301 Br	enson Mo
4.2				
10. Attached is an original of	ertificate of existence, no m	ore than 90 days of	d, duly authenticated by the official having	custody of records in
the jurisdiction under the law translation of the certificate (tacceptable. If the certificate is in a foreign	Engueya, a
11. Nature of business	or purposes to be con	aducted or pron	noted in Florida: Seller of Travel	
		/ .	17	 •
	1	Tu	<u>L</u>	· • · · · ·
1	Signature of a membe	r or an authoriz	zed representative of a member.	8 77 887
((In accordance with section of an affirmation under the pen	alties of perjury that	execution of this document constitutes the facts stated heroin are true.)	E E E E E E E E E E
	Karen Kolb			OF C
•	Typed	or printed nam	e of signee	PH PH
				PORA PORA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

f name unavaila	ble, the alternate name to be used in the state of Florida is:	
	·	
The name on a	I the Florida street address of the registered agent and office are	
. The name and	the Florids sheet stidiess of the legistered agent will office are	•
,	Agents and Corporations, Inc.	
	•	
-	(Name)	
•	(Name)	٠
	(Name) 300 Fifth Avenue South, Suite 101-330	
· .		
	300 Fifth Avenue South, Suite 101-330	

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) SECRETARY OF STATE DIVISION OF CORPORATIONS

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

PRECISION ADVENTURES, LLC LC0767574

was created under the laws of this State on the 28th day of September, 2006, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 23rd day of January, 2008

n Camahan

Secretary of State

Certification Number: 10381150-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification