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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT

PRECISION AV, LLC.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ERIC GAMBARDELLA	
Name of Person	
PRECISION AV, LLC.	
Pirm/Company	
30 OLD KINGS HWY - STE. 112	
Address	
DARIEN, CT 06820	
City/State and Zip Code	

For further information concerning this matter, please call:

ERIC GAMBARDELLA , 914 , 584-2680

Name of Contact Person

ERIC@NAPCPA.COM

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

E-mail address: (to be used for future annual report notification)

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee ■ \$130.5

☐ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PRECISION AV LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. CONNECTICUT 3. 27-0264078
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. JANUARY 1, 2015
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
30 OLD KINGS HWY - STE. 112
DARIEN, CT 06820
(Street Address of Principal Office) 5. 30 OLD KINGS HWY - STE. 112
DARIEN, CT 06820
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
ERIC GAMBARDELLA, MEMBER
25 EAST CEDAR STREET
MOUNT VERNON, NY 10552
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.
m 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.)

ERIC GAMBARDELLA

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	e of the Limited Liability Comp	any is:	
If unavailabl	e, the alternate to be used in the	e state of Florida is:	
2. The name	and the Florida street address	of the registered agent and office are:	
	Corporate Service	Bureau Inc.	
		(Name)	
	1540 Glenway Drive		
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	_
	Tallahassee	_{pr} 32301	
		City/State/Zip	
liability comp registered ag statutes relati	oany at the place designated in the ent and agree to act in this capa ing to the proper and complete p	to accept service of process for the above this certificate, I hereby accept the appoint it. I further agree to comply with the performance of my duties, and I am family tered agent as provided for in Chapter 6	intment as provisions of all liar with and
	\$ 100.00	Filing Fee for Application	EB 1
	\$ 30.00	Designation of Registered Agent Certified Copy (optional)	FOR A
	\$ 5.00	Certificate of Status (optional)	TATE LORID

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HERBBY CERTIFY, that articles of organization for

PRECISION AV, LLC

a domestic limited liability company, were filed in this office on May 04, 2009. The following is a list of all documents filed in this office:

Filing Type:	File Date/Time:	Effective Date/Time:
ARTICLES OF ORGANIZATION	May 04, 2009 04:00 PM	
REPORT (2010)	March 29, 2012 01:11 PM	
REPORT (2011)	March 29, 2012 01:20 PM	
REPORT (2012)	February 04, 2013 05:09 PM	
REPORT (2013)	April 08, 2013 02:32 PM	
REPORT (2014)	April 24, 2014 03:18 PM	:

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Certificate Number: 2014346685001

Sccretary of the State

Date Issued: December 03, 2014

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov