Mirooooo aaa

,

• ``

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
		MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



01/08/16--01020--027 **125.00





TO: Registration Section Division of Corporations

PRECISION ANGELS, LLC, a North Dakota Limted Liability Company

SUBJECT: __

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:

JON I. McGRAW

Name of Person SCHATT HESSER MCGRAW PA Firm/Company 328 NE 1ST AVENUE, SUITE 100 Address OCALA, FLORIDA 34470 City/State and Zip Code WILL@PRECPROP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JON MCGRAW 352 789-6520 at (Name of Contact Person Area Code Daytime Telephone Number **MAILING ADDRESS:** STREET ADDRESS: **Division of Corporations Division of Corporations Registration Section Registration Section** P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 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 Certificate of Status Certified Copy 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:

1, PRECISION ANGELS, LLC, a North Dakota Limited Liability Company

(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.")

	orth Dakota	3				
(Jui ce	risdiction under the law ompany is organized)	of which foreign limited liability	(FEI number, if applicat	ole)		
4. N	1/A					
		(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t	i, if prior to registration.) o determine penalty liability)			
5. <u>l</u>	325 23rd STREET SC	DUTH, SUITE C				
F.	ARGO, ND 58103-37	723				
		(Street Address of Principal Of	lice)	<u> </u>	~ >	
6. 13	1325 23rd STREET SOUTH, SUITE C			، بر برد 	6.6	622.1 * 14
F	ARGO, ND 58103-37	723				1993 - 1993 - 1994 - 1995 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 19
-	<u></u>	(Mailing Address)		1997 - 19	co	299522 %# 1 # #
7. Name and street addre		ss of Florida registered agent: (P.O. Box <u>N</u>	<u>OT</u> acceptable)	ب- بُر 		рал — на 1
	Name:	JON I. MCGRAW			<u>.</u>	
Office Address:	Office Address:	328 NE 1st AVENUE, SUITE 100			30	
	OCALA	Florida ³⁴⁴⁷⁰				

Registered agent's acceptance:

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 application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Zip code)

	Registered	agent's	signature)
--	------------	---------	------------

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

(City)

WILLIAM WIEBOLT, Authorized Agent/Manager

9. Attached is a certificate of existence, no more than 90 days old duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (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

This document is executed in accordance with section (05.0203 (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.

JON I. MCGRAW

Have average and a located and a located and a located average and a located average ave

State of North Dakota SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

PRECISION ANGELS, LLC

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that PRECISION ANGELS, LLC, a North Dakota LIMITED LIABILITY COMPANY, was issued a certificate of organization which was effective on September 14, 2012 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota LIMITED LIABILITY COMPANY.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

PRECISION ANGELS, LLC

Issued: October 22, 2015

Alvin & Jarger

Alvin Jaeger Secretary of State