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COVER LETTER

TO:	Registration Section Division of Corporation	ns					
SUBJI	PRECISE SOLUT	TONS, LLC					
		Name of	Limited Liability C	ompany			
The en Exister	closed "Application by Fonce, and check are submitted	reign Limited Liability Comp ed to register the above refero	oany for Authoriza enced foreign limit	tion to Tra ed liability	nnsact Business in Florida," (y company to transact busine	Certificate of ess in Florida.	
Please	return all correspondence	concerning this matter to the	following:				
	ANGELA SEL	.WAY					
		N	ame of Person	-			
	PRECISE SO	LUTIONS LLC					
Firm/Company							
	1150 PONCE DE LEON						
Address							
•	BROOKSVILI	_E, FL 34601					
		City/S	tate and Zip Code				
	SELWAY.ANG	E@GMAIL.COM					
	-	E-mail address: (to be use	d for future annual	report not	tification)		
For fur	rther information concernit	ng this matter, please call:					
	ANGELA SELWAY		at ()			
	Name	of Contact Person	Area Code	Day	rtime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		of Corporations ion Section duilding ecutive Center Circle		
Enclos	ed is a check for the follow ■ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		



July 18, 2018

ANGELA SELWAY 1150 PONCE DE LEON BROOKSVILLE, FL 34601 US

SUBJECT: PRECISE SOLUTIONS LLC

Ref. Number: W18000065735

We have received your document for PRECISE SOLUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation. I Faally got it right this time.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 118A00014748

RECEIVED

OUR AUG-2 AH 10: 27

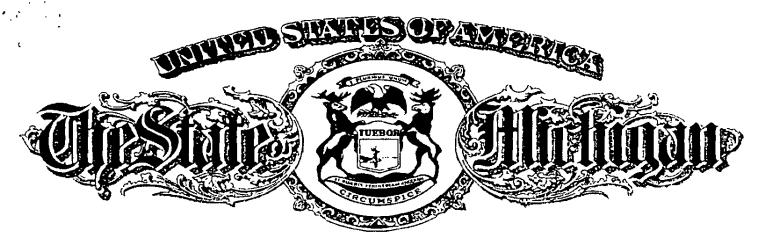
Thankyou!

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: PRECISE SOLUTIONS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") **EUROTECH ELITE 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.") 3. 38-3127489 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 3/27/2008 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 6 1150 PONCE DE LEON 1150 PONCE DE LEON (Mailing Address) (Street Address of Principal Office) BROOKSVILLE, FL 34601 **BROOKSVILLE, FL 34601** 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) JEFF WALZ Name: 1150 PONCE DE LEON Office Address: BROOKSVILLE 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 comply with 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: JOE SELWAY **PRESIDENT** JEFF WALZ **SECRETARY** 1150 PONCE DE LEON BROOKSVILLE, FL 34601 1150 PONCE DE LEON **BROOKSVILLE, FL 34601** (Use attachments if necessary) 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) 10. 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.

Typed or printed name of signee

JEFF WALZ



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That PRECISE SOLUTIONS LLC

was validly authorized on August 9, 1993, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 18076384890

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of July, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau