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(Address)

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(City/State/Zip/Phone #)

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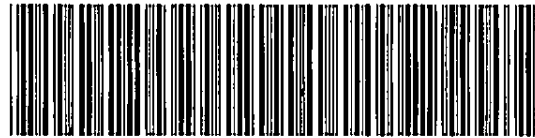
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

SEP 21 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Precision Flooring of Louisiana 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:

Kristy Schneider

Name of Person

Precision Flooring of Louisiana LLC

Firm/Company

7 Pirate Place

Address

Carriere, MS 39426

City/State and Zip Code

Precisionflooringkeith@gmail.com

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

For further information concerning this matter, please call:

Kristy Schneider

985

2901003

at ()

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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:

1. Precision Flooring of Louisiana 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. Louisiana Secretary of State
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. October 15, 2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1900 Brookter St.
(Street Address of Principal Office)
Slidell, LA 70461

6. 7 Pirate Place
(Mailing Address)
Carriere, MS 39426

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Keith Schneider

Office Address: 43 Summer Haven Trail, Unit 17

Miramar Beach, Florida 32550
(City) (Zip code)

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.


(Registered agent's signature)

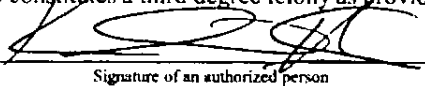
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Keith Schneider</u> <u>43 Summer Haven, Unit 17</u> <u>Miramar Beach, FL 32550</u>	<u>Manager</u>	<u>Kristy Schneider</u> <u>7 Pirate Place</u> <u>Carriere, MS 39426</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

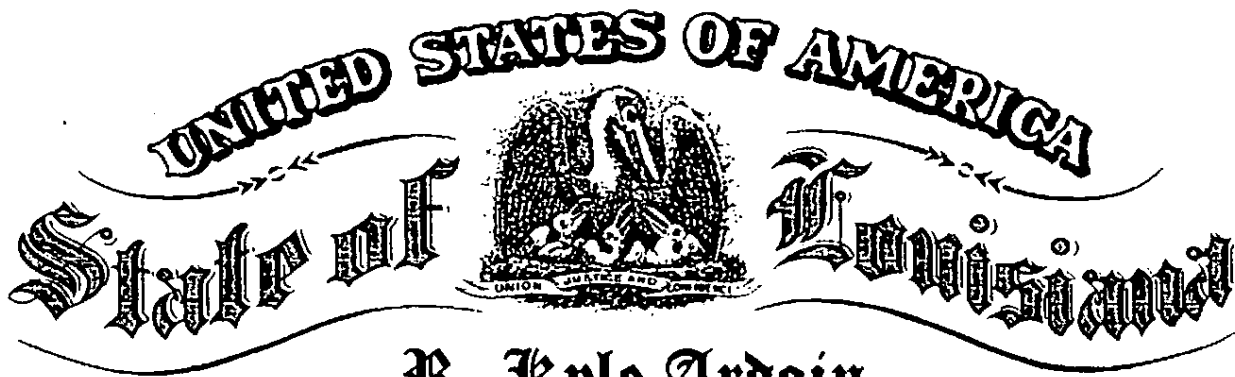
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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


Signature of an authorized person

Keith M. Schneider II

Typed or printed name of signer



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

PRECISION FLOORING OF LOUISIANA LLC

Domiciled at SLIDELL, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 04, 2015,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

September 9, 2018



Secretary of State

Web 41876161K

Certificate ID: 10992524#TLJ62

To validate this certificate, visit the following web site, go to **Business Services**, Search for **Louisiana Business Filings**, Validate a Certificate, then follow the instructions displayed.
www.sos.la.gov