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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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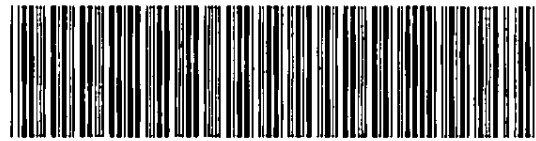
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRECISION CUSTOM PLATING & ENGRAVING 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:

JACQUELYN L EASTMAN, CPA

Name of Person

COLLIER, JERNIGAN & GOEDERT PA

Firm/Company

550 NE 25TH AVE

Address

OCALA, FL 34470

City/State and Zip Code

JEASTMAN@COLLIERCPAS.COM

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

For further information concerning this matter, please call:

JACQUELYN L EASTMAN

352

732-5601

Name of Contact Person

at ()

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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 CUSTOM PLATING & ENGRAVING 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. MICHIGAN

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2570754

(FEI number, if applicable)

4. 10/01/2019

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

5. 3464 E NORVELL BRYANT HWY

(Street Address of Principal Office)

6. 3464 E NORVELL BRYANT HWY

(Mailing Address)

UNIT B

UNIT B

HERNANDO, FL 34442

HERNANDO, FL 34442

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

Name: JASON SCHMIDT

Office Address: 3464 E NORVELL BRYANT HWY, UNIT B

HERNANDO

(City)

34470
Florida

(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. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: MARK R FERDERBER

☒ Member Address: 3464 E NORVELL BRYANT

☐ Authorized HWY, UNIT B

Person HERNANDO, FL 34442

☐ Other _____ ☐ Other _____

☐ Manager Name: MARK ZAMSKY

☒ Member Address: 3464 E NORVELL BRYANT

☐ Authorized HWY, UNIT B

Person HERNANDO, FL 34442

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: ROSETTA ZAMSKY

☒ Member Address: 3464 E NORVELL BRYANT

☐ Authorized HWY, UNIT B

Person HERNANDO, FL 34442

☐ Other _____ ☐ Other _____

☐ Manager Name: JASON SCHMIDT

☐ Member Address: 3464 E NORVELL BRYANT

☒ Authorized HWY, UNIT B

Person HERNANDO, FL 34442

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

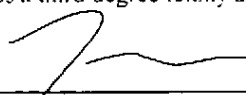
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

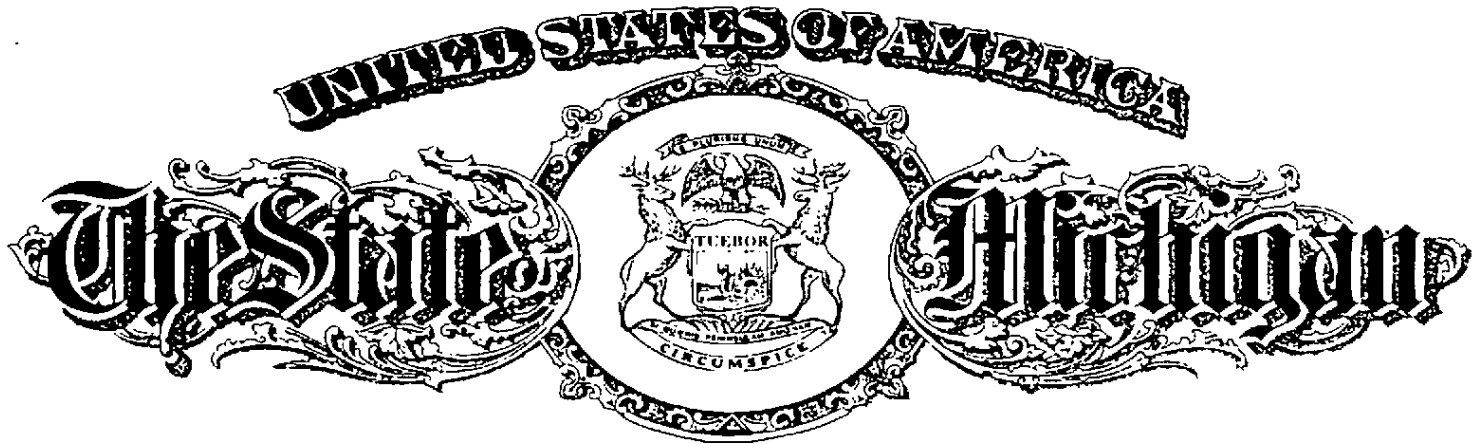
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

JASON SCHMIDT

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PRECISION CUSTOM PLATING & ENGRAVING, LLC

was validly authorized on July 24, 2019, 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: 19095523010

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 13th day of September, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau