

M20000005296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



300343848233

05/04/20--01018--012 **87.50

05/27/20--01004--017 **72.50

Special Instructions to Filing Officer:

5/26 Money received; app not
Correct

6/15 Received correct application
LSC

LSC
6/16

Office Use Only

FILED
20 JUN 15 AM 1:00
FBI - NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precision Marker 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:

Richard Sweet
Name of Person

Precision Marker Llc
Firm/Company

2321 Hickory Bottom Court
Address

Weland, NC 28451
City/State and Zip Code

precisionmarker2018@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Sweet at (804) 201-380-2
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:

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

FILED

20 JUN 15 AM 1:00

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 Marker L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name was available, 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. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-5506994
(FEI number, if applicable)

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

5. 2321 Hickory Bottom Ct
(Street Address of Principal Office)

6. 2321 Hickory Bottom Ct
(Mailing Address)

Leland, NC 28451

Leland, NC 28451

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

Name:

Jacquelyn Sweet

Office Address:

11326 80th St East

Parrish

(City)

, Florida

34219

(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.

J. Sweet
(Registered agent's signature)

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20 JUN 15 AM 1:00

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]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Richard Sweet</u>	<input type="checkbox"/> Manager	Name: <u>Jacquelyn Sweet</u>
<input checked="" type="checkbox"/> Member	Address: <u>2321 Hickory</u>	<input type="checkbox"/> Member	Address: <u>11326 84th St E</u>
<input type="checkbox"/> Authorized	<u>Bottom Ct</u>	<input checked="" type="checkbox"/> Authorized	<u>Parrish, FL</u>
Person	<u>Beland, NC 28451</u>	Person	<u>34219</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>(Agent)</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

20 JUN 15 AM 1:00
FILED
SHERIFF'S OFFICE
JACKSONVILLE, FL

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.

Richard Sweet
Signature of an authorized person

Richard Sweet
Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

PRECISION MARKER L.L.C.

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 24th day of May, 2018

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of April, 2020.

Elaine F. Marshall

Secretary of State



Scan to verify online.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2020

RICHARD SWEET
PRECISION MARKER
2321 HICKORY BOTTOM CT.
LELAND, NC 28451 US

SUBJECT: PRECISION MARKER LLC
Ref. Number: W20000045304

We have received your document for PRECISION MARKER LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50.

The form you submitted is for a Foreign Corporation Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

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

Laura D Chang
Regulatory Specialist II

Letter Number: 420A00009373

Check was Received

releked



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2020

RICHARD SWEET
2321 HICKORY BOTTOM CT
LELAND, NC 28451 US

SUBJECT: PRECISION MARKER, LLC
Ref. Number: W20000052218

We have received your document for PRECISION MARKER, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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

Laura D Chang
Regulatory Specialist II

Letter Number: 020A00010636

RECEIVED
JUN 15 2020

6/15/20 Corrected
Paperwork Received
LDC