Malow 3712

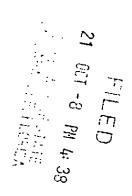
	(Requestor's Name)				
_	(Address)				
	(Address)				
_	(City/State/Zip/Phone #)				
•	PICK-UP	☐ WAIT	MAIL		
	(Business Entity Name)				
(Document Number)					
Cen	tified Copies	Certifica	ates of Status		
Special Instructions to Filing Officer:					





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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Recise Homebuyers LA, 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:					
Jordan Bostick Name of Person					
Precise Homebuyers LA, LLC Firm/Cympany					
10109 Maronda Drive					
Riverview, PL 33578 City/State and Zip Code					
bostick orden 99 @ 9mgil. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sordan Bostick at (813) 405-6510 Name of Contact Person Area Code Daytime Telephone Number					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{c} \Delta 125.00 \text{ Filing Fee} \Delta 5130.00 \text{ Filing Fee & }\Delta \$155.00 \text{ Filing Fee & }\Delta \$160.00 \text{ Filing Fee, Certificate } \text{ Certificate of Status & Certified Copy} \text{ of Status & Certified Copy}					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
1. <u>Frecise</u> Howebuyers (Name of Foreign Limited Liability Company; must include "Limited L.	LA LC liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floric	da. The alternate name must include "Limited Liability Company," "L.4.,C," or "Ll.C.")
2. (Jurisdiction under the minch foreign limited insbility company is organized)	3
4. Tuy QQ (Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration.) penalty liability)
5. 10109 Maronda Drive (Street Address of Principal Office)	6. 10312 Bloomingdale Ave, Suite 108
Riverview, FL 33578	PMB 130 Riverview, FL 33578
1	1 Welview, 12 3070
7. Name and street address of Florida registered agent: (P.O. Box 1	NOT acceptable)
Name: Jordan Bosti	ck ~
Office Address: 10109 Maronda I	Mre &
Riverview, Fl	. Florida 38578 (Zip code)
Registered agent's acceptance: Having been named as registered agent and to accept service of prodesignated in this application, I hereby accept the appointment as to comply with the provisions of all statutes relative to the proper and accept the obligations of my position as registered agent.	registered agent and agree to act in this capacity. I further agree
(Registered agent's sig	nature)

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: Title or Capacity: Name and Address: □ Manager □Manager Name: _____ . Ne⊡Member □Member Address: ☐ Authorized ☐ Authorized Person Person Other___ □Other_____ □Other Other □Manager Name: □Manager Name: □Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person □Other____ □Other____ □Other____ □Other_____ □Manager □ Manager Address: □Member Address: ■ Member ☐ Authorized □ Authorized Person Person □Other____ □Other Other Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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



1, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

PRESCISEHOMEBUYERSLA LLC

File Number:

202104010997

Registration Date:

02/04/2021

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction:

CALIFORNIA

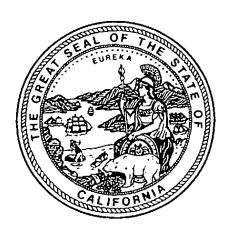
Status:

ACTIVE (GOOD STANDING)

As of August 11, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 12, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: Y8W4V4R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.





Secretary of State Amendment to Articles of Organization of a Limited Liability Company (LLC)

Name Change Only

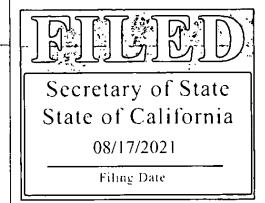
IMPORTANT - Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process. which can be filed online at Ilcbizfile.sos.ca.gov/SI.



This Space For Office Use Only

1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)

PRESCISEHOMEBUYERSLA LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

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3. New LLC Name (See Instructions - List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State. The name must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

Precise Home Buyers LA LLC

Signature

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Additional signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2-NA. (All attachments should be 8 ½ x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-2-NA.)

Jordan Jerome Bostick

Print your name here

Sign here

Open From

