

P05000123702

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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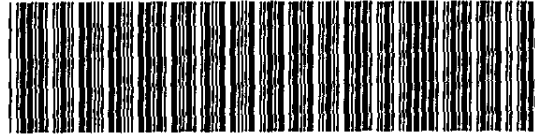
(Business Entity Name)

(Document Number)

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05 AUG 22 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
8/20/05

9/9/05
BWK

W05-40281

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: IDEAL INVESTMENTS, INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: HOWARD WALL
Name (Printed or typed)

8586 DELAWARE DRIVE
Address

BROOKSVILLE, FL 34607
City, State & Zip

727-919-9333
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

05 SEP -8 PM 1:34

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 25, 2005

HOWARD WALL
8586 DELAWARE DR.
BROOKSVILLE, FL 34607

SUBJECT: IDEAL INVESTMENTS, INCORPORATED
Ref. Number: W05000040281

We have received your document for IDEAL INVESTMENTS, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 805A00053940

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

05 AUG 22 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

8/20/05

ARTICLE 1 NAME:

The name of the corporation shall be:

PRECISE INVESTMENTS, INC.

ARTICLE 11 PRINCIPAL OFFICE:

The principal place of business and mailing address of corporation shall be:

**8586 DELAWARE DRIVE
BROOKSVILLE, FLORIDA 34607**

ARTICLE 111 PURPOSE:

The purpose for which the corporation is organized is:

REAL ESTATE INVESTING AND RELATED

ARTICLE 1V SHARES:

The number of shares of stock is:

**200 SHARES COMMON
NO PAR VALUE**

ARTICLES OF INCORPORATION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS:

PRES./TREASURER/DIRECTOR:

**HOWARD WALL
8586 DELAWARE DRIVE
BROOKSVILLE, FL 34607**

VICE PRES./SECRETARY/DIRECTOR

**SANDRA WALL
8586 DELAWARE DRIVE
BROOKSVILLE, FL 34607**

ARTICLE VI EFFECTIVE DATE:

The effective date of incorporation shall be:

AUGUST 20,2005

ARTICLE VII TERMS OF ISSUING STOCK:

Stock pursuant to these articles of incorporation:

**SHALL BE ISSUED UNDER THE TERMS, PROVISIONS AND CONDITIONS
OF SECTION 1244 OF THE INTERNAL REVENUE CODE.**

ARTICLE VIII BY-LAWS:

As stated:

**THE POWER TO ADOPT, ADDEND, AMEND, AND OR REPEAL BY-LAWS
SHALL BE VESTED IN THE BOARD OF DIRECTORS AND SHAREHOLDERS.**

ARTICLES OF INCORPORATION

ARTICLE IX REGISTERED AGENT AND FL STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

**SANDRA WALL
8586 DELAWARE DRIVE
BROOKSVILLE, FL 34607**

ARTICLE X INCORPORATER:

The name and address of the incorporator to these Articles of Incorporation are:

**HOWARD WALL
8586 DELAWARE DRIVE
BROOKSVILLE, FL 34607**

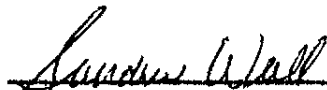


Signature/Incorporator



Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered Agent



Date