



## COVER LETTER

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

SUBJECT: Precision Customer Care Corporation  
(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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Maday Bonet  
Name (Printed or typed)

15500 SW 80<sup>th</sup> Street Apt. A-302  
Address

Miami, Florida 33193  
City, State & Zip

(305) 380-8539  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2007

MADAY BONET  
15500 SW 80TH ST  
APT A-302  
MIAMI, FL 33193

SUBJECT: PRECISION CUSTOMER CARE CORP.  
Ref. Number: W07000024235

RECEIVED  
07 JUN - 1 PM 12:19  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for PRECISION CUSTOMER CARE CORP. 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 document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 207A00035211

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: Precision Customer Care Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: Home: 15500 SW 80th St. Apt. A-302  
Miami, Florida 33193

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Working from home. Customer Service.

**ARTICLE IV SHARES**

The number of shares of stock is: ~~1000~~ 1

**ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Maday Bonet  
15500 SW 80 Street, Apt. A-302  
Miami, Fl. 33193

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Maday Bonet  
15500 SW 80 Street, Apt. A-302  
Miami, Fl. 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Maday Bonet  
15500 SW 80 St Apt. A-302  
Miami, Fl. 33193

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Maday Bonet  
Signature/Registered Agent

Maday Bonet  
Signature/Incorporator

4/20/2007  
Date

4/20/2007  
Date

2007 JUN - 1 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED