







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney FOREIGN REGISTRATION STATEMENT (LIMITED **LIABILITY COMPANY)** 

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003546676

Date Filed: 6/20/2019 9:32:07 AM

Foreign Registration Statement (Limited Liability Company) Standard or Expedited Service (select one)		Expedited (+\$20; filing fee \$120)
1. The name this limited liability comp	•	
Type of Limited Liability Company Entity name  2. Home Jurisdiction The jurisdiction of formation is:		Foreign Limited Liability Company
		PRECISION INSURANCE PROVIDERS LLC FLORIDA
Street Address		None
4. The mailing address of its domestic	c principal office (if required by the laws of	of the jurisdiction of formation) is:
Mailing Address		None
5. The complete street address of the	principal office is:	
Principal Office Address		11300 4TH STREET NORTH
		SUITE 240 SAINT PETERSBURG, FL 33716
C The action address of the advance	1 effective.	
6. The mailing address of the principal office is:  Mailing Address		11300 4TH ST N
		STE 240
		SAINT PETERSBURG, FL 33716-2940
7. Registered Agent Name and Addre	ess	
Registered Agent		CORPORATION SERVICE COMPANY
		Commercial Registered Agent
		Physical Address
		12550 W EXPLORER DR STE 100 BOISE, ID 83713
		Mailing Address
		12550 W EXPLORER DR STE 100
		BOISE, ID 83713
8. Governors		
Name	Title	Address
JORDAN D CLAY	MANAGER, CEO	11300 4TH ST N
		STE 240
		SAINT PETERSBURG, FL 33716-2940
BAILEY A CRAVEN	MEMBER	11300 4TH ST N
		STE 240
		SAINT PETERSBURG, FL 33716-2940
Signature of individual authorized by	the entity to sign:	
		05/24/2010
JORDAN D. CLAY Sign Here		<i>06/24/2019</i>

Signer's Title: MANAGER



Print & Mail Enclosures

Certificate of Existence/Good Standing from the State in which this entity was originally formed dated within 90 days of today.

Payment in the amount of \$100.00 (if expedited, \$120) - checks payable to the Secretary of State, signed and recently dated.

This filing form (submit within 30 days) with the required signature(s).

## State of Florida Department of State

I certify from the records of this office that PRECISION INSURANCE PROVIDERS LLC is a limited liability company organized under the laws of the State of Florida, filed on October 17, 2017, effective October 17, 2017.

The document number of this limited liability company is L17000214702.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on February 7, 2019, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of June, 2019



RANUMBU Secretary of State

Tracking Number: 0349154921CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication