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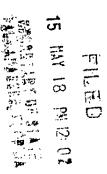
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Senna Sade w/ 20c- Sena Sade w/ 20c- Sording bal + corrupt Sording bal + corrupt Sording bal + corrupt Wis - 33423 mo.
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M. MILLIGAN EXAMINER

MAY 28 2015

COVER LETTER

	sistration Section ision of Corporations		.
SUBJECT:	Perform America LLC		
SOBJEC1.	Name of	Limited Liability	Company
			ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to the	following:	
	Zoe Franciscus		
	N	lame of Person	
	Perform America LLC		
	F	irm/Company	.
	8825 Liverpool Lane		
		Address	
	Colorado Springs, CO, 80920		
	City/S	State and Zip Code	
	zfranciscus@perform-america.com		
	E-mail address: (to be use	d for future annua	l report notification)
For further in	formation concerning this matter, please call:		
Zoe	Franciscus	770 at (220-2242
	Name of Contact Person	Area Code	Daytime Telephone Number
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amount: 125.00 Filing Fee	□ \$155.00 Filit Certified Copy	
\ S	enclosed a check for \$55 fer a check for \$70 but in	because cluded in	I had already

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:

Liability Company," "L.L.C	alternate name adopted for the purpo	se of transacting busines	s in Florida, The alternate	name must include "Limited
Colorado		3. 46-5712789		
(Jurisdiction under the law company is organized)	v of which foreign limited liability	<u></u>	(FEI number, if applica	ible)
4.				
	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if prior to 5.0905, F.S. to determine	registration.) penalty liability)	
5				が が
	(Street Address of	Principal Office)		
6. 1001 E. Harmony Rd,	(Street Address of Suite A-250, Fort Collins, CO. 8	30525		7 18 E
	Colorado Springs, CO, 80920		•	
<u></u>		Address)		
7. Name and street addre	ess of Florida registered agent: (F	P.O. Box NOT accept	able)	
Name:	Jody Renaud			
Office Address:	3117 W. El Prado Blvd		-	
Office Address.	Tampa		33629	
			_ , Florida <u>33629</u> (Zip code)	
Registered agent's acce	(City) ptance:			
Having been named as r this application, I hereby with the provisions of all	ptance: egistered agent and to accept set accept the appointment as regis statutes relative to the proper a sition as registered agent.	stered agent and agree nd complete performa	e to act in this capacity. nce of my duties, and I	. I further agree to comply am familiar with and acc
this application, I hereby with the provisions of all	ptance: egistered agent and to accept set accept the appointment as regis statutes relative to the proper a sition as registered agent.	stered agent and agree nd complete performa	e to act in this capacity.	. I further agree to comply am familiar with and acc
Having been named as r his application, I hereby with the provisions of all the obligations of my pos	ptance: egistered agent and to accept set accept the appointment as regis statutes relative to the proper a sition as registered agent.	stered agent and agree and complete performa stered agent's signature)	e to act in this capacity. nce of my duties, and I	. I further agree to comply am familiar with and acc
Having been named as rithis application, I hereby with the provisions of all the obligations of my posts. 8. The name, title or cap	ptance: egistered agent and to accept ser accept the appointment as regis statutes relative to the proper ar sition as registered agent. Accept Ker (Regis	stered agent and agree and complete performa stered agent's signature) b) who has/have author	e to act in this capacity. nce of my duties, and I ity to manage is/are:	. I further agree to comply am familiar with and acc
Having been named as rethis application, I hereby with the provisions of all the obligations of my postal. 8. The name, title or cap Geoffrey McQueen, Exe	ptance: registered agent and to accept set of accept the appointment as regist statutes relative to the proper an sition as registered agent. (Registered)	stered agent and agree and complete performa stered agent's signature) a) who has/have author Lane, Colorado Spring	e to act in this capacity. nce of my duties, and I ity to manage is/are: s, CO, 80920	. I further agree to comply am familiar with and acc
Having been named as relis application, I hereby with the provisions of all the obligations of my postal. 8. The name, title or cap Geoffrey McQueen, Exerciseus, Managir	ptance: registered agent and to accept set of accept the appointment as regist statutes relative to the proper an sition as registered agent. Regist eacity and address of the person(s) cutive Director, 8825 Liverpool 1	stered agent and agree and complete performation of the stered agent's signature) as who has/have author Lane, Colorado Springs, Colorado	e to act in this capacity. nce of my duties, and I ity to manage is/are: s, CO, 80920 O, 80920	. I further agree to comply am familiar with and acc

the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third

Typed or printed name of signee

degree felony as provided for in s.817.155, F.S.)

Zoe Franciscus

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

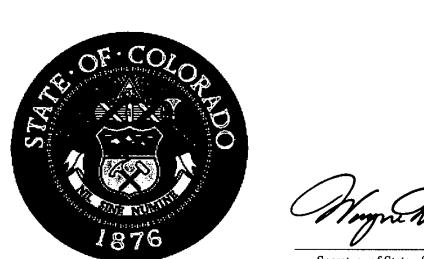
I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Perform America, LLC

is a **Limited Liability Company** formed or registered on 05/20/2014 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20141311793.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/31/2015 that have been posted, and by documents delivered to this office electronically through 04/01/2015 @ 10:51:12.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 04/01/2015 @ 10:51:12 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9143756.





Secretary of State of the State of Colorado

End of Certificate**

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."