Division of Corporations Public Access System

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(((H050000361503)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: GERALD WEINBERG, P.C.

Account Number : 120030000043 Phone

: (800)342-9856

Fax Number

: (800)354-3381

LIMITED LIABILITY COMPANY

PROKOS PERFORMANCE, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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Bulblic Accounts Hole

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
PROKOS PERFORMANCE, LLC		
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5201 WASHINGTON ROAD	5201 WASHINGTON ROAD	
DELRAY BEACH, FL 33484	DELRAY BEACH, FL 33484	
The name and the Florida street address of RANDY PROKOS	Name	
5201 WASHINGTON ROAD		
Florida street address (P.O. Box NOT acceptable)		
DELRAY BEACH	FL 33484	
City, State, and Zip		
liability company at the place designat registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and services registered agent as provided for in Chapter 608, F.S.	
Registered Agent's Signature		

(CONTINUED)

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(M05000036150 3)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM MGRM	RANDY PROKOS 5201 WASHINGTON ROAD DELRAY BEACH, FL 33484
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
(In accordance with section	
	or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organize of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation