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## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: PJ's Performance LLC.  (Name of Limited Liability Company)
(company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAUL L. Weber TAY RW, 1Ker (Name of Person)
(Name of Person)
PJs Performance LLC (Firm/Company)
(Firm/Company)
(Firm/Company)  6752 Ab bott St  (Address)  Font Myens FL 33966-10845 A  (City/State and Zip Code)
(Address) SAR 2
Font Muens FL 33966-10849 D
Fort Myers 1-2 33966-10847 >
(City/State and Zip Code)
For further information concerning this matter, please call:
Paul Weber at (239) 872-8306 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
England is a sheet for the full-using amount.
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is	S:
PJs Performa (Must end with the words "Limited Liability Company, "Lim	nee LLC ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the particle.	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	registered agent are:  Weber  To the property of the property

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

## 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:
MGR_	PAUL L. Weber 6052 Abbot15t
mgr_	Font Myens FL 33966-1084  JAY R WILKER  ICCLE WICKLO IBIS AUS  BONITA SPRINGS FL 34135
<del></del>	SECRETA ALLAHAS
(Use attachment if necessary)	28 A SEE, FLO
ARTICLE V: Effective date, if other than the date is listed, the date must be sto or 90 days after the date of filing.)	ate of filing:PTIONAL) specific and cannot be more than five business days prior
DECLUDED CLONATUDE	•

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)