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SECRETARY OF STATE
ALASSEF FI ORID

J. BRYAN

MAR 2.5 2009

EXAMINER

COVER LETTER

TO: Registration Division of	on Section f Corporations		
SUBJECT:	HUMAN	PERFORMANCE ME	ENTORS
	Name of Limi	ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	tter to the following:	
	MICH	AEL A. COOPER Name of Person	
		Name of Person	
		Firm/Company	
-	8833 /	JW 70th COURT Address	O MAR
		Address	AR 22 PM 2 RETARY OF S AHASSEE, FL
	<u>P</u>	ARKLAND, EL 33067	For R
	resu H	ty/State and Zip Code S @ coachnichaelco	Oper Combine
	E-mail address: (to be used	for future annual report notification)	
For further informat	ion concerning this matter, pleas	e call:	
Mich Na	ael Cooper une of Person	Address ACKLAND, FL 33067 ty/State and Zip Code S Coach nichae color future annual report notification) e call: at (239) 384 - Area Code & Daytime Telephone	28/6 hone Number
Enclosed is a chec	k for the following amount:	, A	~
\$125.00 Filing Fe	ee \$\boxed{130.00}\$ Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cit Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
HUMAN PERFORMANC (Must end with the words "Limited Liabilit	CE MENTORS, LLC. ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address: Effective Date 03	3/18/1
PRAKLAND, FL 33067	Parkland, KZ 33067	
Florida street address Florida street agent and to act liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position agreeist.	egistered agent are: Perconstruction of the	
(CONTIN	NUED)	

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	Name and Address:	
"MGRM" = Managing Member		
MCPN	Michael A. Cooper 8833 NW 70 Court Parkland, Ft, 37067	
MGRM	Parron Blumberg 8833 Nur 70th Court Parkland, FL 33067	
	· · · · · · · · · · · · · · · · · · ·	SECRETAR SECRETAR ALLLAHASS
(Use attachment if necessary)		PH 2: 51 EE. FI.ORIDA
T IC No. IT Consider Anna Constitution of the	1-1-1-COVID-1 March 18 2-10	D*

ARTICLE V: Effective date, if other than the date of filing: March 18, 2010. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Michael A. Cooper

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)