

5/28/2010

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

JUN - 2 2010

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

EXAMINER

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email address: teamperformanceproducts@gmail.com

RECEIVED
10 MAY 28 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Team Performance Products, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

FILED
10 MAY 28 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Team Performance Products, 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:

2081 N. Pointe Alexis Drive

2081 N. Pointe Alexis Drive

Tarpon Springs, FL 34689

Tarpon Springs, FL 34689

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Sharon Larson

Name

4793 Brayton Terrace S.

(P.O. Box or Mail Drop Box NOT Acceptable)

Palm Harbor, FL 34685

(City / State / Zip)

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 - Sharon Larson

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ARTICLE IV - Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Tracy Leffler - 2081 N. Pointe Alexis Drive, Tarpon Springs, FL 34689

MGR

Allan Leffler - 2081 N. Pointe Alexis Drive, Tarpon Springs, FL 34689

MGR

Gary Leffler - 39967 210th Street, Bonaparte, IA 52620

MGR

Sharon Larson - 4793 Brayton Terrace S., Palm Harbor, FL 34685

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Sharon Larson

Typed or printed name of signer