

6/29/2010

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

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****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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA LIMITED LIABILITY CO.****Team Performance Driver LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 30 2010

EXAMINER

H10000151146

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

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

2300 Tall Pines Drive, Suite 120

2300 Tall Pines Drive, Suite 120

Largo, FL 33771

Largo, FL 33771

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.

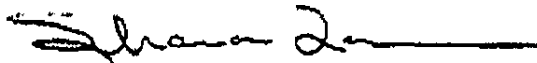
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TALLAHASSEE, FLORIDA

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

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

H10000151146

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Team Performance Products, LLC

2081 N. Pointe Alexis Drive, Tarpon Springs, FL 34689

(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, Manager
Team Performance Products, LLC

Typed or printed name of signer