Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

: CSH SERVICES, LLC Account Name

Account Number : I20070000160 Phone (800) 494-3124 : (561)455-9885

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FLORIDA LIMITED LIABILITY CO.

JM Performance LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company Is:

JM PERFORMANCE LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

411A STATE ROAD 33 SOUTH GROVELAND, FLORIDA 34736

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

GLADIS M. PERAZA 221 ASHLEY RD. MASCOTTE, FLORIDA 34753

Having been named as registered agent 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.

GLADIS M. PERAZA / Registered Agent's signature

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JM PERFORMANCE LLC

ARTICLE IV MANAGEMENT
The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MANAGERS (optional)

MANAGER GLADIS M. PERAZA 221 ASHLEY RD. MASCOTTE, FLORIDA 34753

MANAGER FEROZE RAMDASS 126 TUSCANOOGA RD. MASCOTTE, FLORIDA 34753

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.

PRINTED NAME OF SIGNEE