## L11000072202

(Requestor's Name)				
(Address)				
(Add	ress)			
(City	/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Na	me)		
(Doc	ument Number	)		
Certified Copies	Certificate	es of Status		
Special Instructions to F	iling Officer:			

Office Use Only



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EFFECTIVE DATE 06 13-11

11 JUH 20 PH 2: 18
SECREPT FIRM

B. BOSTICK

JUN 2 1 2011

**EXAMINER** 

## COVERLETTER

TO: Registratio Division of	n Section Corporations		,	,
<sub>subject:</sub> perf	ormance mobile aut	o service	llc	
	Name of Limited			
The enclosed Article	s of Organization and fee(s) are su	ibmitted for filing	3.	
Please return all corr	espondence concerning this matter	r to the following	;¢	
franciso	o piloto			
	1.	Same of Person		
		Firm/Company		
3055 w				SLC SLC
		Address		JUN 20 LAHASSI
hialeah fl	33012			£31
	City/	Stare and Zip Code	·	PH 2:
frpiloto@	hotmail.com			<u> </u>
	E-mail address: (to be used fo		ort notification)	DA DA
For further informati	on concerning this matter, please	call:		
francisco pilote	0	at ( 786	2604102	
Na	me of Person	Area Code	de Daytime Tele	phone Number
Enclosed is a check	k for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Co cadditional cop	ng Fee & py y 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	Registrat Division Clibon E 2664 Exc	ourier Address ion Section of Corporations Building ecutive Center C sez, FL 32301	s

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

performance mobile a  (Must end with the word	. ,	<del></del>
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
3055 w 9 ave hialeah fl 33012	3055 w 9 ave hiale:ih fl 33012	
	oto  Name	
	lorida street address (P.O. Box NOT acceptable)	FL0
hialeah	<sub>FL</sub> 33012	18 RID
- <del> </del>	City, State, and Zip	
liability company at the place d registered agent and agree to act in statutes relating to the proper an	agent and to accept service of process for the lesignated in this certificate. I hereby accept to this capacity. I further agree to comply with discomplete performance of my duties, and I assisted as provided for in C	he appointment as h the provisions of ali m familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

-- (-) -- mining mig lytem der(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:	
mgrm	francisco piloto	
	3055 w 9 ave	-
	hìaleah fl 33012	<del>-</del> -
The state of the s		<b>-</b> -
	والمعارض والمراجع	_
	7	
		آلاس کے۔
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بالة ووجود التابع والتاليج والتاليج والتاليج والتاليج والتاليج والتاليج والتاليج والتاليج	<u> </u>	~ ~
		<u>-</u>
		ri co
(Use attachment if necessary)		
CLE V: Effective date, if other than the d	late of filing: 6/13/2011 (OPTIC	DNAL)
ffective date is listed, the date must be days after the date of filing.)	specific and cannot be more than five business	days prior
REQUIRED SIGNATURE:		
RA		
Signature of a member	or an authorized representative of a member.	
(In accordance with section 608.4 constitutes an affirmation under that any false information to the constitution of the const	108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State as provided for in a \$17,155 F.S.	<b>:</b> .

onstitutes a third degree felony as provided for in s.817.155, F.S.)

francisco piloto

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)