

L120000090641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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07/11/12--01022--011 **125.00

EFFECTIVE DATE

7/6/2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 11 PM 3:01

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE 7/6/2012

SUBJECT: AR PERFORMANCE, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YOLANDA MARTINEZ

Name of Person

Firm/Company

9618 LITTLE RIVER BLVD

Address

MIAMI FLORIDA 33147

City/State and Zip Code

maymart3@hotmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

WB KOON & CO., CPAs

Name of Person

at (305) 948-6201

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee,

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AR PERFORMANCE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

9330 NW 17 AVENUE, MIAMI, FL 33147

Mailing Address:

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

YOLANDA MARTINEZ

Name

9618 LITTLE RIVER BLVD

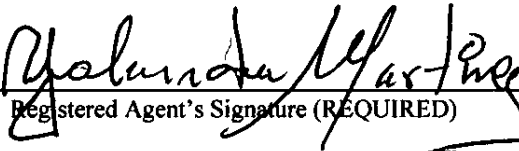
Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL 33147

City, State, and 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 (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
12 JUL 11 PM 3:01

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

YOLANDA MARTINEZ

9618 LITTLE RIVER BLVD

MIAMI FLORIDA 33147

MGRM

MAURICIO MARTINEZ

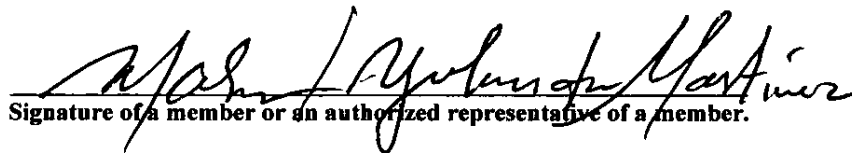
9618 LITTLE RIVER BLVD

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 6, 2012 ((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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

YOLANDA MARTINEZ

Typed or printed name of signer

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)