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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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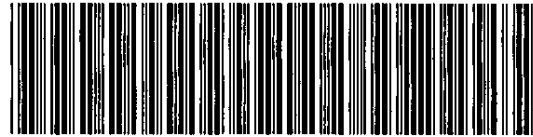
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JAN - 8 2013

EXAMINER

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SUMMIT PERFORMANCE TRAINING 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:

Steven A. Feinman, Esq

Name of Person

Law Office of Steven A. Feinman

Firm/Company

4252 SW 64th Ave

Address

Davie, Florida 33314

City/State and Zip Code

dougcohen@theuptickgroup.com

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

For further information concerning this matter, please call:

Steven A. Feinman

at

954

473-5424

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy 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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

SUMMIT PERFORMANCE TRAINING, 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:

2961 Wentworth
Weston, Florida 33332

2961 Wentworth
Weston, Florida 33332

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE & REGISTERS AGENT'S SIGNATURE**

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

**STEVEN A. FEINMAN, ESQ.
Law Office of Steven A. Feinman
4252 SW 64th Ave
Davie, Florida 33314**

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 Signature

**PREPARED BY :
Steven A. Feinman, Esq.
4252 SW 64th Ave
Davie, Florida 33314
Florida Bar No: 600880**

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ARTICLE IV
MANAGER(S) or MANAGING MEMBER(S)

TITLE:

NAME AND ADDRESS:


"MGR"= Manager
"MGRM"=Managing Member

MGRM

DOUGLAS COHEN
2961 Wentworth
Weston, Florida 33332

REQUIRED SIGNATURE:

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 and contents are true



DOUGLAS COHEN, Managing Member

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TALLAHASSEE, FLORIDA

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