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### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

# Collins Performance Technologies, LLC

Name of Limited Liability Company

The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
Brett C	ollins		
		Name of Person	
		Firm/Company	
1307 S	outh Shade A	ve	
		Address	
Saraso	ta, Florida 34	239	
		ty/State and Zip Code	
Brettwc	ollins@gmail.co	for future annual report notification)	<del>-</del> .
	,	•	
_	concerning this matter, please		
Brett Collin	าร	_at (803 ) 792-7189	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing For Certificate of State Certified Copy (additional copy is enclosed)	tus &
	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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	Liability Company is:		
Collins Performance Techno (Must end with		y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	treet address of the pri	ncipal office of the Limited Liabilit	y Company is:
Principal Office Address	<u>:</u>	Mailing Address:	
1307 South Shade Ave Sarasota, Florida 34239		1307 South Shade Ave Sarasota, Florida 34239	<del></del>
	annot serve as its own Register rida registration.)	Office, & Registered Agent's Signed Agent. You must designate an individual of gistered agent are:	
Brett C			
1307 S	Name		18 -5
Caron		ess (P.O. Box <u>NOT</u> acceptable)	四次 全 5
Saraso		e, and Zip	0.00 <b>C</b>
liability company at the registered agent and agr all statutes relating to th	e place designated in th ee to act in this capacit he proper and complete	ccept service of process for the abov is certificate, I hereby accept the ap y. I further agree to comply with th performance of my duties, and I am istered agent as provided for in Cha	pointment as e provisions of n familiar with

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

. ., . +

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	II - Managan	Name and Address:
	" = Manager M" = Managing Member	
MGRM	<u></u>	Brett Collins
		1307 South Shade Ave
		Sarasota, Florida 34239
	<u> </u>	
(Use at	ttachment if necessary)	
TICLE V:	Effective date, if other than the	date of filing: 8/1/2013 (OPTIONAL)
an effective	e date is listed, the date must	be specific and cannot be more than five business days
or to or 90 (	days after the date of filing.)	
DEAL	IRED SIGNATURE:	
KEQU		
	River	
	Signature of a member	r or an authorized representative of a member.
		408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
	I am aware that any false inform	ation submitted in a document to the Department of State
	constitutes a third degree felony	as provided for in s.817.155, F.S.)
	Brett Collins	·
	Тур	ped 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)