

L14000095369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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16 JUN 12 PM 12:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

J. Shivers JUN 16 2014

6358



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2014

CHARLES D ONDO
1461 S MICHIGAN AVE
CLEARWATER, FL 33756

SUBJECT: PERFORMANCE EQUIPMENT SALES
Ref. Number: W14000034008

We have received your document for PERFORMANCE EQUIPMENT SALES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00011793

COVER LETTER

10578-11 Pilot

4.018 110953 - 1.1585 - 10.62

TO:

Registration Section
Division of Corporations

SUBJECT:

Performance Equipment Sales

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:

CHARLES D. ONDO JR.

Name of Person

Firm/Company

1461 S. Michigan Ave

Address

Clearwater, FL 33756
underscore

City/State and Zip Code

performance-equipment@yahoo.com

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

For further information concerning this matter, please call:

Chuck Ondo

Name of Person

at (727) 851-2083

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

WC - 66557-008-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Performance Equipment Sales L.L.C.

(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:

1461 S. Michigan Ave
Cleatwater, FL
33756

Mailing Address:

1461 S. Michigan Ave
Cleatwater, FL
33756

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:

Betty Jo Woolever
Name

8480 109th St N
Florida street address (P.O. Box **NOT** acceptable)

Seminole FL 33772
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)

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:

MGR

Charles D. Ondo Jr
8480 109th ST N
Seminole, FL 33772

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 5 2014. (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:

Charles Ondo

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.)

Charles Ondo

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)

FILED
14 JUN 12 PM 12:00
TALLAHASSEE
FLORIDA