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(Re	questor's Name)	
(Ad	ldress)	
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(Au	uless)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corpor			ì
SUBJECT:	T Performa	nce Engineerin	g LLC
The enclosed Articles of Org	anization and fee(s) are submitted for file	ling.	
Please return all corresponde	nce concerning this matter to the follow	ing:	
·	M. JANE Name of Person	Icely	
	Clo I Firm/Company	Perjormance	Engineering
	13509 J	Ind am E.	
ho7	City/State and Zip of Mad WW 1 @ Wrail address: (to be used for future annual	Code LZON, NET	-212_
For further information conce	erning this matter, please call:		
M. JANE I	CELY at (941) Area Code	5543215 OR Daytime Telephone Number	741.8765
Enclosed is a check for the fo	llowing amount:		
	30.00 Filing Fee & Status Status Certified Copy	certificate of Stat	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 Liability Company is:

I tectormance Engineering LC
(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: Mailing Address:
13509 2nd aws. SAME
Bradenton, FL 34212
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: Mane Name Name
Florida street address (P.O. Box NOT acceptable) Bradentonic FL 34212 City 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 605, F.S.

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	M. JANE ICELY
,	Bracenton, FL 34212
MGR_	William TCFby E. 3509 Snd Quy E.
•	Blacenton, FL 34212
	ASE TO THE PERSON OF THE PERSO
	SEC.
	<u> </u>
/TT	r= 10
	LORI
EV: Effective date, if other than the da	te of filing: 10/1/4 (OPTIONAL)
EV: Effective date, if other than the date date is listed, the date must be of filling.) EVI: Other provisions, if any.	te of filing: 10/1/4 (OPTIONAL)
LE V: Effective date, if other than the date date is listed, the date must be of filling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days M. Quill
EV: Effective date, if other than the date date is listed, the date must be of filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range (In accordance with section constitutes an affirmation ur I am aware that any false information and the section of the section constitutes and affirmation ur I am aware that any false information ur I am aware that I a	te of filing: 10/1/4 (OPTIONAL)
EV: Effective date, if other than the date date is listed, the date must be of filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a range (In accordance with section constitutes an affirmation ur I am aware that any false information and the section of the section constitutes and affirmation ur I am aware that any false information ur I am aware that I a	nember or an authorized representative of a member. 605.0203 (1) (b), Glorida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

Page 2 of 2