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08/20/19--01005--028 ++125.00

2019 AUG 20 AM IO: 02 SECRETARY OF STATE

# COVER LETTER

TO:	New Filing Section Division of Corporations				
CHRII	Higher Skills Performance, LLC				
30031	Name of	Limited Liabili	ty Company		
The en	closed Articles of Organization and fee(s	s) are submitted	for filing.		
Please	return all correspondence concerning this	s matter to the f	ollowing:		
	Amos Pullum Jr.				
		Name of	Person		
		Firm/Co	mpany		
	697 Ipswich St				
Address					
	Boca Raton, FL 33487				
	pullum.jramos15@gmail.com	City/State and	I Zip Code		
	<del> </del>	ised for future a	mual report notification)		
or furtl	ner information concerning this matter, pl	ease call:			
	Amos Pullum Jr.	561	502-0765		
	Name of Person		Daytime Telephone Number		
Enclos	ed is a check for the following amount:				
	90 Filing Fee S130,00 Filing Fee & Certificate of Status	LCertific	O Filing Fee & S160.00 Filing Fee, d Copy l copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314		Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle		

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Higher Skills Performance, LLC

(Must contain 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:	<u>Mailing Address</u> :
697 Ipswich St	697 Ipswich St
Boca Raton, FL 33487	Boca Raton, FL 33487

## 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:

Amos Pullum Jr.	Name	
597 Ipswich St		
Florida street addre	ss (P.O. Box <u><b>NOT</b></u> a	cceptable)
Boca Raton	FL	33487
City	State	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)

2019 AUG 20 AM 10: 02 SECRL: JOY OF STATE ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Amos Pulium Jr. 697 Ipswich St Boca Raton, FL 33487
<del>-</del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the c If an effective date is listed, the date must be he date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:  Signature of a This document is exc	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Amos Pullum Jr.