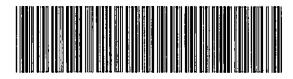
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SECRETARY OF STATE

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):	New Filing Section		•	COVER LETTER	4 ·	,	•	•

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<u>-</u>	, C0	VER LETTER (1997)	
TO: New Filing S Division of C			
AZCO Po	erformance		
		nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
Adam Zini	iewicz		
		Name of Person	
Azeo Perfe	ormance		
		Firm/Company	
28735 Tan	nmi Dr		
		Address	
Tavares FI	2. 32778		
aziniewicz(a	©comcast.net	ity/State and Zip Code	
		l for future annual report notifical	tion)
For further information of	concerning this matter, pleas	e call:	
Adam Zini	ewicz 40	07 747-2064)	
Na		rea Code Daytime Telephor	ne Number
Enclosed is a check for	r 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 enclose
<u>Mail</u>	ling Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AZCO 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:

Princi	pal	Office	Add	ress:

Mailing Address:

28735 Tammi Dr	28735 Yammi Dr
Tavares FL 32778	Tavares FL 32778

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:

Adam Ziniewicz		
	Name	
28735 Tammi Dr		
Florida street addr	ess (P.O. Box <u>NOT</u> ac	(ceptable)
Tavares	FL	32778
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. Thereby 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 Assar & Signature (REQUIRED)

(CONTINUED)

2020 APR 22 AM II: 44
SECRETARY 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 M	Name and Address:	
"MGR" = Manager		
MGR	Adam Ziniewicz	
	28735 Tammi Dr	_
	Tavares FL 32778	
		
		_
		_
		_
(Use attachment if necess	sary)	
FICLE V: Effective date, if other is listed, the date of filing.)	ner than the date of filing: <u>04/20/2020</u> . (OPTIONAL) date must be specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than five business days prior to or the specific and cannot be more than the specific and cannot be cannot be more than the specif	•
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