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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Office Use Only

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2020 SEP -4 PM 3: 43

W 200000 86078



August 6, 2020

PATAYA A BRICKMAN 3809 PINDALE ST BRANDON, FL 33511

SUBJECT: HALFERLAND PERFORMANCE PRODUCTS LLC

Ref. Number: W20000086078



We have received your document for HALFERLAND PERFORMANCE PRODUCTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return 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) 245-6052.

Derrick Thompson Regulatory Specialist II

Letter Number: 520A00014815

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	T: HalferLand P Name of Limited	erformance Products Liability Company
The enclo	osed Articles of Organization and fee(s) are sub	omitted for filing.
Please ret	urn all correspondence concerning this matter	-
	Pataya A. Brickn	ame of Person
	HolgerLand Par	Hormonce Products Fit point in the company
	3809 Pinedale St	Address &
	_	Address
		3351 tate and Zip Code
	Halter Lond 8	•
		uture annual report notification)
For further	information concerning this matter, please cal	;
	P.A. Brichman at (83) Name of Person Area (H 813 732-3301 Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.001	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Iditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	1 ananassec, 1 L 34314	2001 EXCOUNT CERTO CHOIC

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	like i i base s	2hC
(Musi	t contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
-	rect address of the principal office of the	Limited Liability Company is: Mailing Address
3809 Pi	achalest	e Some

The name and the Florida street address of the registered agent are:

Pataya A. Brickman
Name

3809 Pinedale st
Florida street address (P.O. Box NOT acceptable)

Brandon FL 33511
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)

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А	ĸı		I / P.	I V -

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

"AMBR" = Authorized Member "MGR" = Manager	
MGZ COMPEN	Patayor Brickman
, <u></u>	3809 Pinedole St
	Band FL 33511
	Brandon
···	· · · · · · · · · · · · · · · · · · ·
	
(Use attachment if necessary)	DΩ
LEV: Effective date, if other than the date of fili	ing:(OPTIONAL)
ffective date is listed, the date must be specific:	and cannot be more than five business days prior to or 90 days
	he applicable statutory filing requirements, this date will not be lis
sument's effective date on the Department of Sta	
sument's effective date on the Department of Sta	
If the date inserted in this block does not meet the tument's effective date on the Department of State LE VI: Other provisions, if any. REQUIRED SIGNATURE:	
tument's effective date on the Department of Sta	
REQUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member This document is executed in	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIRED SIGNATURE: Signature of a member This document is executed in I am aware that any false infor	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State
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