L21000072400

(Requ	uestor's Name)	
(Addi	ress)	
nbbA)	ress)	
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doce	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	



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Office Use Only

MINILA

COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

Di	vision of Corporations		
SUBJECT:	Perform Under Resilience L	LC	
3000T.CT.		imited Liability Company	
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this n	natter to the following:	
	William A. Sherman		
-		Name of Person	
	P.U.R-Perform Under Resilience LL	C	
-		Firm/Company	
	912 MEADOWS CIR		
-		Address	-
1	BOYNTON BEACH, FL 33436		
-		City/State and Zip Code	
	villsherman@gmail.com F-mail address: (to be used	d for future annual report notificat	ion)
r further inf	formation concerning this matter, pleas	•	1011)
	- '	sc carr,	
V	Villiam A. Sherman at (561_)_503-	9601
	Name of Person A	Area Code Daytime Telephon	e Number
inclosed is a	check for the following amount:		
⊒\$125.00 F		Certified Copy (additional 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 D. The Centre of Tallaha	issee
	P.O. Box 6327	2415 N. Monroe Stre	et. Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Perform Under Resili	ence LLC			
(Must conatin the	words "Limited Lia	bility Con	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street address o	of the principal office	ce of the L	imited Liability Company is:	
Principal Offic	e Address:		Mailing Address:	
912 MEADOWS CIR			912 MEADOWS CIR	
BOYNTON BEACH, FL 33436			BOYNTON BEACH, FL 33436	
RTICLE III - Registered Agent, Reg	istered Office. & serve as its own Re	gistered A		
RTICLE III - Registered Agent, Reg	istered Office, & serve as its own Relorida registration.)	egistered A	d Agent's Signature:	
RTICLE III - Registered Agent, Reg The Limited Liability Company cannot nother business entity with an active Fl he name and the Florida street address	istered Office, & serve as its own Relorida registration.)	egistered A	d Agent's Signature:	
RTICLE III - Registered Agent, Reg The Limited Liability Company cannot nother business entity with an active Fl he name and the Florida street address	istered Office, & serve as its own Re orida registration.) of the registered agam A. Sherman	egistered A	d Agent's Signature:	
RTICLE III - Registered Agent, Reg The Limited Liability Company cannot nother business entity with an active Fl he name and the Florida street address Willi	istered Office, & serve as its own Re orida registration.) of the registered agam A. Sherman	egistered A	d Agent's Signature:	
RTICLE III - Registered Agent,	sistered Office, & serve as its own Reforida registration.) of the registered again A. Sherman	egistered A gent are: Jame	d Agent's Signature: agent. You must designate an individual o	
RTICLE III - Registered Agent,	sistered Office. & serve as its own Reformed orida registration.) of the registered agam A. Sherman	egistered A gent are: Jame	d Agent's Signature: agent. You must designate an individual o	

ig been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I r agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I miliar 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)

ARTICLE IV-

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

	Title:	Name and Address;	i
	"AMBR" = Authorized Men		1
	"MGR" = Manager		i
	MGR	William A. Sherman 912 MEADOWS CIR	i
		BOYNTON BEACH, FL 33436	
		· · · · · · · · · · · · · · · · · · ·	
	(Use attachment if necessary)		
	•		
RTI	CLE V: Effective date, if other the	he date of filing: (OPTIONAL)	
	effective date is listed, the date te of filing.)	t be specific and cannot be more than five business days prior to or 90 days af	ter
		es not meet the applicable statutory filing requirements, this date will not be liste	d as
	cument's effective date on the E		
RTI	CLE VI: Other provisions, if any		
1 1 1 1	edi: vi. olilei provisions, ir any		
	REQUIRED SIGNATURE		
		11/1/20 11 C	
		vo sin	
	Signati	of a member or an authorized representative of a member.	

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

William A. Sherman

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)

COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

Di	ivision of Corporation	ons		
SUBJECT		der Resilience LLC		
SOBILET	•	Name of Lim	ited Liability Company	 -
The enclose	ed Articles of Organi	zation and fee(s) are	submitted for filing.	
Please retu	rn all correspondence	concerning this mat	ter to the following:	
	William A. Sherma	1		
			Name of Person	
	P.U.R-Perform Und	er Resilience LLC		
			Firm/Company	
	912 MEADOWS C	R		
			Address	
	BOYNTON BEAC	H. FL 33436		
			ty/State and Zip Code	
-	twillsherman@gmail		C C	
	r-maii a	daress: (to be used)	for future annual report notificat	ion)
For further in	nformation concernin	g this matter, please	call:	
	William A. Shermar	at (5	6/_) 50 3 -	9601
	Name of Pe		ea Code Daytime Telephon	e Number
Enclosed is	a check for the follo	wing amount:		
□\$125.00	Filing Fee	30.00 Filing Fee & ficate 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 Addr New Filing Se Division of Co P.O. Box 632'	ction orporations	Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre	assec

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	der Resilience LLC			
(Must co	natin the words "Limited Lia	bility Comp	any, "L.L.C.," or "LLC.")	
RTICLE II - Address:				
e mailing address and street	address of the principal offic	e of the Lin	nited Liability Company is:	
Princi	pal Office Address:		Mailing Address:	
912 MEADOWS C	CIR		912 MEADOWS CIR	
BOYNTON BEACH, FL 33436			BOYNTON BEACH, FL 33436	
RTICLE III - Registered A	gent, Registered Office, & I	gistered Ag	Agent's Signature:	
RTICLE III - Registered A he Limited Liability Comparother business entity with an	gent, Registered Office, & I ny cannot serve as its own Re n active Florida registration.) et address of the registered ag	gistered Ag		
RTICLE III - Registered A he Limited Liability Comparother business entity with an	gent, Registered Office, & In the serve as its own Remarks active Florida registration.) and address of the registered against William A. Sherman	gistered Ag	Agent's Signature:	
RTICLE III - Registered A he Limited Liability Comparother business entity with an	gent, Registered Office, & In the serve as its own Remarks active Florida registration.) and address of the registered against William A. Sherman	gistered Ag	Agent's Signature:	
RTICLE III - Registered A he Limited Liability Comparother business entity with an	gent, Registered Office, & In the serve as its own Remarks active Florida registration.) and address of the registered against William A. Sherman	gistered Ag	Agent's Signature:	
RTICLE III - Registered A he Limited Liability Comparother business entity with an	gent, Registered Office, & In your cannot serve as its own Rent active Florida registration.) at address of the registered again william A. Sherman	gistered Ag ent are: ame	Agent's Signature: ent. You must designate an individual o	
RTICLE III - Registered A he Limited Liability Comparother business entity with an	gent, Registered Office, & In your cannot serve as its own Rent active Florida registration.) at address of the registered against William A. Sherman No. 912 MEADOWS CIR	gistered Ag ent are: ame	Agent's Signature: ent. You must designate an individual o	

aving been named as registered agent and to accept service of process for the above stated limited liability company at the ace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I rther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I n 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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Membe	: r
"MGR" = Manager	
MGR	William A. Sherman
	912 MEADOWS CIR
	BOYNTON BEACH, FL 33436
	· · · · · · · · · · · · · · · · · · ·
	
ffective date is listed, the date m e of filing.)	n the date of filing:
ument's effective date on the De	
LE VI: Other provisions, if any.	
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	www.
Signatur	e of a member or an authorized representative of a member.
This document	is executed in accordance with section 605,0203 (1) (b), Florida Statutes.
I am aware that	any false information submitted in a document to the Department of State
constitutes a th	ird degree felony as provided for in s.817.155, F.S.
William	A. Sherman

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)