

7/28/2021

Division of Corporations

L21000345189

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : KCO SERVICES, LLC
Account Number : I20200000018
Phone : (954)744-6605
Fax Number : (833)648-2730

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JUL 29 PM 12:16
TALLAHASSEE, FL 32309

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: admin@legalservicesconsulting.com

**FLORIDA LIMITED LIABILITY CO.
PERFORM LIKE A PRO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JUL 30 2021

T. SCOTT

2021 JUL 29 AM 8:46

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PERFORM LIKE A PRO 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:Mailing Address:

2051 nw 112th ave ste 119

Miami, FL 33172

2051 nw 112th ave ste 119

Miami, FL 33172

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:

LSC CONSULTING SERVICES INC

Name

2051 NW 112TH AVE STE 119

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FLORIDA

33172

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.

Diana Cardona

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

QARMITZ PRIVATE LABEL, LLC
2051 NW 112TH AVE STE 119
MIAMI, FL 33172

MGR _____

B&A ELITE PRODUCTS LLC
6808 SW 81 STREET
MIAMI, FL 33143

MGR _____

TRI STATE ELITE GROUP INC
1191 EDGEWATER AVE
RIDGEFIELD, NJ 07067

(Use attachment if necessary)

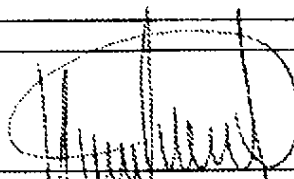
ARTICLE V: Effective date, if other than the date of filing: 07/28/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:


Signature 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.

Sergio Cardona
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)