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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	

Office Use Only



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JARROD Smith 864-436-2842

6674 CRESCENT WOODS CIR LAKELANI), FL. 33813

# **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: FOCUS PERFORMANCE GROUP; LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JARRON Smith
Name of Person
Focus PERFORMANCE GROUP, LLC
Firm/Company
6674 CRESCENT WOODS Cir.
Address
LAKELAND FL. 33813  City/State and Zip Code  JARRED S'mith 47 @ GMAIL. Com
City/State and Zip Code  JARRED Smith 47 @ GMAIL COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JARROD Smith at 864, 436-2842
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Scrifficate of Status Scriffed Copy (additional copy is enclosed)  S\$160.00 Filing Fee, 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
		FORMHNOE	GROUP, LL.	2
(Must conta	in the words "Limited Lia	bility Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	e of the Limited I	Liability Company is:	
Princips	l Office Address:		Mailing Addres	<u>s</u> :
6674 CRESCE LAKELAN	N-Woods Cir.		6674 CRESCEN LAKELAND, FL	17 Woods Clr 33813
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Re	gistered Agent. Y		ridual or
The name and the Florida street a	ddress of the registered ag	ent are:		
	JARROD	Smith	_	
	N	ame		
	6674 CRESC	ENT WOO	obs Cir	
	Florida street address (P	'.O. Box <u>NOT</u> ac	ceptable)	
	LAKELANI) City	FL.	33813	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the obj	I hereby accept the appoint ovisions of all statutes relating tigations of my position as r	tment as registered ing to the proper o	d agent and agree to act in and complete performance s provided for in Chapter 6	this capacity. I of my duties, and I
	(0	CONTINUED)		<b>2022</b> 1.07 +5

# ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
MGP	TARROD Smith
	6674 CRESCENT WOODS CIR
	LAKELAND, FL 33813
1 N. W. D. C.	
AMBR	DENVER Smith
_	6674 CRESCENT WOODS CIE.
-	LAKE LAND, 1-2: 33813
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(Use attachment if necessary)	
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LEV: Effective date, if other than the date of fili	ng: (OPTIONAL) =
	and cannot be more than five business days prior to or 90 da
of filing.)	ie applicable statutory filing requirements, this date will not be
	te's records.
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REQUIRED SIGNATURE:	25th
REOUIRED SIGNATURE:  Signature of a member	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State
REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State

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)