L23000138821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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S. CHATHAM
MAR 27 2023

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2023 MAR 27 PM 12:01
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TALLAHASSEE, FLORIDA

03/27/23--01008--013 **130.00

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2023 MAR 27 PM 12:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: PEAK PERFORMANCE PRODUCTS 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:

ROXANA TUMBACO
Name of Person

CORNERSTONE TAX AND ACCT.SVCS. CORP
Firm/Company

4000 HOLLYWOOD BLVD SUITE 555-S
Address

HOLLYWOOD, FL 33021
City/State and Zip Code

ACCOUNTING@CORNERSTONETAXCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROXANA TUMBACO at (786) 597-9461
Name of Person | Area Code | Daytime Telephone Number

Enclosed is a check for 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 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 Company is:

PEAK PERFORMANCE PRODUCTS 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:**
2719 HOLLYWOOD BLVD	2719 HOLLYWOOD BLVD
SUITE B260	SUITE B260
HOLLYWOOD , FL 33020	HOLLYWOOD, FL 33020

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:

CORNERSTONE TAX AND ACCT.SVCS. CORP

Name

4000 HOLLYWOOD BLVD SUITE 555-S

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

HOLLYWOOD, FL 33021

City State Zip

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TALLAHASSEE, FL

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)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGRM	JIRIES N RABBA 1791 MELODY DR MISSISSAUGA, ON , L5M 2K9

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TALLAHASSEE, FL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.

JIRIES N RABBA
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)