

L23000381483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

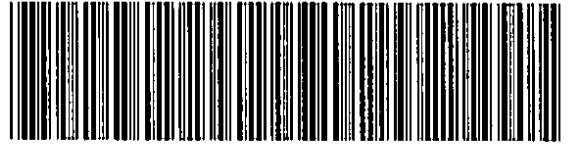
(Business Entity Name)

(Document Number)

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RECEIVED
2023 AUG 10 AM 10:48
SECURITY DIVISION
TALLAHASSEE, FLORIDA

2023 AUG 10 PM 2:35

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$125.00**

Authorization Signature: Suma

Suma High Performance LLC

Business Name

Doc. #

 Certified Copy of ARTICLES

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Officer/Director
 X Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMENDMENTS

 Amendment
 Resignation of R.A.

 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Annual Report

 Fictitious Name

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement

 APOSTILLE Other
 Country

EXAMINER'S INITIALS:

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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Please use funds from this account: 120210000160 **\$125.00**

Authorization Signature: *Suma*

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EXAMINER'S INITIALS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: SUMA HIGH PERFORMANCE LLC
Ref. Number: W23000109747

We have received your document for SUMA HIGH PERFORMANCE LLC. However, the document has not been filed and is being returned for the following:

Please ensure that the business name listed on the authorization name matches the business name on the articles as currently it is an email listed and is not suitable for filing.,

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 123A00018264

RECEIVED
2023 AUG 14 AM 8:40
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Suma High Performance 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:

1500 NE Miami Place Unit 3414
Miami FL 33132

Mailing Address:

1500 NE Miami Place Unit 3414
Miami FL 33132

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:

Homero Mendez

Name

1500 NE Miami Place Unit 3414

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

Miami

FL

33132

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..

Homero Mendez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL 11 PM 2:35

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

Homero Mendez

1500 NE Miami Place Unit 3414

Miami FL 33132

(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.

REQUIRED SIGNATURE:

Homero Mendez

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.

Homero Mendez

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)

2023 JUL 1 : PM 2:35