# M1400003056

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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Performance Property Professionals LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:  Peggy A - Brennan-Grimm  Name of Person
Firm/Company
12942 Timber RidgeDrive  Address  Fort Myers. R 33913  City/State and Zip Code
Fort Myers. A 33913
grimm properties egmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Peggy Grimm  at ( 904 ) 654 490Z  Name of Contact Person  Area Code  Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Boxed{1} \\$125.00 \text{ Filing Fee} \\ \$Certificate of Status  \$\Boxed{1} \\$130.00 \text{ Filing Fee & Certificate of Status}  \$\Boxed{1} \\$155.00 \text{ Filing Fee & Certificate of Status}  \$\Boxed{1} \\$160.00 \text{ Filing Fee, Certificate of Status}  \$\Boxed{1} \\$155.00 \text{ Filing Fee & Certificate of Status}  \$\Boxed{1} \\$160.00 \text{ Filing Fee, Certificate of Status}  \$\Boxed{1} \\$160.00  Filing Fee, C



April 23, 2014

PEGGY A. BRENNAN-GRIMM 12992 TIMBER RIDGE DRIVE FORT MYERS, FL 33913

SUBJECT: PERFORMANCE PROPERTY PROFESSIONALS LLC

Ref. Number: W14000025747

We have received your document for PERFORMANCE PROPERTY PROFESSIONALS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$130.00.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 514A00008659

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR THE PROPERTY OF THE PROP	ED TO REGISTER A
1. Per for mance roperty rofestions (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.	1/5 LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name in Liability Company," "L.L.C," or "Ll.C,")	ust include "Limited
2. Nevada (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	<del></del>
company is organized)	75 2
4. (Date first transacted business in Florida, if prior to registration.)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	ESS TH
5. 12942 Timber Ridge Dr	- <u> </u>
Firt Myers. PC 33913	PH 2
6. 13942 Timber Ridge Pr	ATE S3
Fort Myers. FZ 33913	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage	ge is/are:
Peagy A. Brennan-Grimm Max Thomas P.	Grimm My
7. The name, title or capacity and address of the person(s) who has/have authority to manage from May Thomas P.  12992 Timber Ridge Dr 12992 Tim	Grimm Mg nber Lidge D
Fort Myers, FZ 33913 Fort Myes	rs, FZ 33913
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticat having custody of records in the jurisdiction under the law of which it is organized. (A photo acceptable. If the certificate is in a foreign language, a translation of the certificate under oat must be submitted)	ocopy is not
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that t am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for	
Peggy A. Brennan-Grimm	
Typed or printed name of signee	

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Peggy A. Brennan- Grimm	
12942 Timber Ridge Dr. Florida Street Address (P.O. BOX NOT ACCEPTABLE)	SSEE, FLO
Fr.+ Myers E 33913	53 RIDA

City/State/Zip

Pertormance Property Professionals LLC

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, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



### CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PERFORMANCE PROPERTY PROFESSIONALS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 31, 2014, and is in good standing in this state.

office on April 14, 2014.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20140414-2813
You may verify this electronic certificate
online at http://www.nvsos.gov/