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SECKETARY OF STATE
TALLAHASSEE, FLORIGA

K. SALY EXAMINER AUG 2 4 2015

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJI	EVERWELL PERFORMANCE LLC	C	·			
	3C1:	Name of Limited Liability	Company			
The en Exister	closed "Application by Foreign Limited Lial nce, and check are submitted to register the a	bility Company for Authoriza above referenced foreign limi	ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida.			
Please	return all correspondence concerning this m	natter to the following:				
	Kristen E. Simmons					
•		Name of Person				
	Oshins & Associates, LLC					
	Firm/Company					
	1645 Village Center Circle, Suit	te 170				
	Address					
	Las Vegas, NV 89134					
•		City/State and Zip Code	•			
	ksimmons@oshins.com					
	E-mail address	: (to be used for future annua	l report notification)			
For fur	ther information concerning this matter, ple	ase call:				
	Kristen E. Simmons, Esq.	702 at (341-6000			
	Name of Contact Person		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			
Enclos	ed is a check for the following amount: \$\Boxed{\Boxesia} \\$125.00 \text{ Filing Fee} \Boxed{\Boxesia} \\$130.00 \text{ Filing Certificate of S} \$					

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, ÉVERWELL PERFOR	MANCE LLC		
(Name of Fore	ign Limited Liability Company; must include "l	Limited Liability Company," "L.L.C.," or	("LLC.")
•			
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transac" or "LLC.")	ting business in Florida. The alternate nar	me must include "Limited
_{2.} NEVADA	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	;)
4. UPON FI	(Date first transacted business in Florid	a, if prior to registration.)	_
491 DEER POINT DR	(See sections 605.0904 & 605.0905, F.S.	to determine penalty hability)	_
GULF BREEZE, FL 3			2015
6.	(Street Address of Principal O	fice)	TEN TI
· ·			FILED PH 3: 49 2015 AUG 21 PH 3: 49 SECTIFIFATE FLORIO
	(Mailing Address)		
7. Name and street addres	ss of Florida registered agent: (P.O. Box N	IOT acceptable)	ST. ST.
Name:	CHRISTOPHER M. SCHULTE		RIO A
Office Address:	491 DEER POINT DRIVE		
	GULF BREEZE	, Florida 32561	
	(City)	(Zip code)	_
this application, I hereby	gistered agent and to accept service of pro accept the appointment as registered agen statutes relative to the proper and complet	nt and agree to act in this capacity. I	further agree to comply
	(Registered agent'	s signature)	_
-	acity and address of the person(s) who has/l		
CHRISTOPHER M. SCH	IULTE, Manager, 491 Deer Point Drive Gu	alf Breeze, FL 32561	
	of existence, no more than 90 days old, du of which it is organized. (If the certificate i ubmitted)		
	Signature of an author	orized person	_
	Digitation of all author	ZI INDUM PRIBUII	

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.

CHRISTOPHER M. SCHUUTE

SECRETARY OF STATE





LIMITED LIABILITY COMPANY CHARTER

I, BARBARA K. CEGAVSKE, the Nevada Secretary of State, do hereby certify that **EVERWELL PERFORMANCE LLC** did on August 11, 2015, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20150811-1163 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 11, 2015.

BARBARA K. CEGAVSKE Secretary of State