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04/19/16--01024--019 \*\*638.75

03/31/16--01019--016 \*\*130.00

FILED
TO APR 15 PH 1: 25
SECTION 1.01.12



April 4, 2016

CECILE EBKER PO BOX 577 OAKDALE, CA 95361

SUBJECT: PERFORMANCE PRODUCTS, LLC

Ref. Number: W16000024569

We have received your document for PERFORMANCE PRODUCTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 416A00006756...

www.matiz.org

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Performance Products, UC 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:
<u>Cecile</u> Ebker
Name of Person
Performance Products, UC Firm/Company
70 Box 577
Address
Oakdale, CA 95361
a lyace and advanced can
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cecile Ekker at (209) 847.2281  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c

# 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 TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PERFORMANCE PRODUCTS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.,") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") ntolvia (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address: , Florida 33607 (Zin code) **TAMPA** (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Bill Havre/Assistant Secretary/Registered Agents Inc 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: China Libau

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

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 quotistitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

## State of California

## Secretary of State

#### **CERTIFICATE OF STATUS**

**ENTITY NAME:** PERFORMANCE PRODUCTS, LLC

FILE NUMBER:

200115710076

**FORMATION DATE:** 

05/21/201

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

**CALIFORNIA** 

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 23, 2016.

ALEX PADILLA Secretary of State