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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

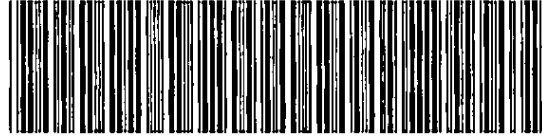
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BYLT PERFORMANCELCC**

\_\_\_\_\_  
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:

MARSHA SIHA

\_\_\_\_\_  
Name of Person

INCFILE.COM LLC

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 SUITE 220

\_\_\_\_\_  
Address

HOUSTON TX 77064

\_\_\_\_\_  
City/State and Zip Code

marsha@incfile.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA

888  
at ( )

462-3453 X 701

\_\_\_\_\_  
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:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. BYLT PERFORMANCE 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.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7687 Charleston Way
PORT SAINT LUCIE, FL 34986
(Street Address of Principal Office)

6. 7687 Charleston Way
PORT SAINT LUCIE, FL 34986
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LEGALINC CORPORATE SERVICES INC.
Office Address: 5237 SUMMERLIN COMMONS SUITE 400
FORT MYERS, Florida 33907
(City) (Zip code)

Registered agent's acceptance:

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 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.

Patty Acimenti
(Registered agent's signature)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
JJMAC Enterprises, LLC - AMBR - 7687 Charleston Way PORT SAINT LUCIE, FL 34986
Joey Firestone, LLC - AMBR - 15100 SW 288TH ST., HOMESTEAD, FL 33033

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)

Marsha Siha
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 constitutes a third degree felony as provided for in s.817.155, F.S.

Marsha Siha
Typed or printed name of signee

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BYLT PERFORMANCE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BYLT PERFORMANCE LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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SECRETARY OF STATE  
DELAWARE  
LED



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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SR# 20180279159

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 201976228

Date: 01-16-18