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(Re	questor's Name)	. <u>-</u>
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COVER LETTER

TO:	Registration Section Division of Corporation	ns				
SUBJE	PERFORMANCE I	.LC				
		Name of	Limited Liability (Company		
		reign Limited Liability Comp d to register the above refero				
Please	return all correspondence o	concerning this matter to the	following:			
	KYLE SIMPSO	ON				
		N	ame of Person			
	PERFORMAN	CE LI.C				
		Fi	rm/Company		PAU APA	4
	1650 YACHT	CLUB DR			在	TILED
			Address		- 6 2	; [7]
	OSAGE BEAC	CH, MO 65065			3 P	Ö
		City/S	tate and Zip Code		0.00 H	
	KYLE@PERFO	RMANCEBOATCENTER.	COM		<u> </u>	
		E-mail address: (to be used	d for future annual	report notification)	_	
For fur	ther information concerning	g this matter, please call:				
	KYLE SIMPSON		573 at (693-1165		
	Name o	of Contact Person	Area Code	Daytime Telepho	one Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	
Enclos	ed is a check for the follow S125.00 Filing Fee	ring amount: \$\Begin{align*} \Begin{align*} \Begin{align*} \Delta 130.00 \text{ Filing Fee & Certificate of Status} \end{align*}	□ \$155.00 Filir Certified Copy		Filing Fee, Certi Certified Copy	ficate

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:

	IDA LLC	nted Liability Company," "L.L.C.," or "LLC.")
		Florida: The alternate name must include "Limited Liability Company," "L.L.C," or "LI.C.")
MISSOURI		3 36-4706031
	hich foreign limited liability company is organized)	(FEI number, if applicable)
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to deter	r to registration.)
PERFORMANCE LLO		6 PERFORMANCE LLC
(Street Address of)	Principal Office)	(Mailing Address)
3115 N 29TH AVE		1650 YACHT CLUB DR 걸. 열
HOLLYWOOD, FL 33020		OSAGE BEACH, MO 65065
-); ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
. Name and street addres	ss of Florida registered agent: (P.O. Bo	ox NOT acceptable)
the state of the s		m _ m
Name:	MARK WADDINGTON	
Office Address:	1314 E LAS OLAS BEVD #308	
***************************************	CORT LAUNTODAL C	
	FORT LAUDERDALE	Florida 33301 P* -
	77.55 A	
tegistered agent's accep		. Florida 33301 P
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation	stance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent (Registered agent	of process for the above stated limited liability company at the pet as registered agent and agree to act in this capacity. I further ner and complete performance of my duties, and I am familiar
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation	stance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent	of process for the above stated limited liability company at the pet as registered agent and agree to act in this capacity. I further ner and complete performance of my duties, and I am familiar
laving been named as reesignated in this applicate or comply with the provisional accept the obligation 3. The name, title or caps Title or Capacity:	stance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent (Registered agent acity and address of the person(s) who	of process for the above stated limited liability company at the pet as registered agent and agree to act in this capacity. I further there and complete performance of my duties, and I am familiar has/have authority to manage is/are: Title or Capacity: Name and Address:
laving been named as re esignated in this applica o comply with the provisi nd accept the obligation S. The name, title or capa	stance: registered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent acity and address of the person(s) who leads and Address: MARK WADDINGTON 1314 E Las Olas Block Fort Lawerdale, FL 3: BRETT MANIRE	of process for the above stated limited liability company at the pet as registered agent and agree to act in this capacity. I further there and complete performance of my duties, and I am familiar has/have authority to manage is/are: Title or Capacity: Name and Address:
laving been named as reesignated in this applicate or comply with the provisional accept the obligation 3. The name, title or caps Title or Capacity:	stance: egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent (Registered agent acity and address of the person(s) who leads and Address: MARK WADDINGTON 1314 E Las Olas Block Fort Lawerdale, FL 3	has/have authority to manage is/are: Title or Capacity: Name and Address:

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)

10. 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.

MARK WADDINGTON

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

MALLANASSEE FLORIDA

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Performance LLC LC1158278

was created under the laws of this State on the 26th day of July, 2011, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of April, 2018.

Secretary of Stale

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Certification Number: CERT-04122018-0031