

M20000000589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

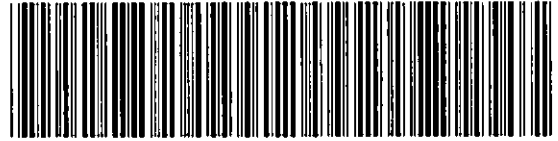
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN 14 AM 10:50

2020 JUN 14 PM 3:19

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1/15/20

**CORPORATE
ACCESS,
INC.**

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☐ **CERTIFIED COPY** _____
☒ **PHOTOCOPY** _____
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xx **FILING** **FOREIGN** d _____

1. **MAXIMUM PERFORMANCE, LLC**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

2020 JAN 14 PM 3:15

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAX PERFORMANCE, 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:

JOSE BALMORI

Name of Person

MAX PERFORMANCE, LLC

Firm/Company

4713 SW 72ND AVE

Address

MIAMI, FL 33155

City/State and Zip Code

jjbalmori@yahoo.es

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

For further information concerning this matter, please call:

JOSE BALMORI

786

602-6898

at ()

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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**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. MAXIMUM PERFORMANCE, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

MAX PERFORMANCE, 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. 83-3662337

(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. 3411 SILVERSIDE RD

(Street Address of Principal Office)

6. 4713 SW 72ND AVE

(Mailing Address)

STE 104 TATNALL BLDG

MIAMI, FL 33155

WILMINGTON, DE 19810

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

Name: JOSE BALMORI

Office Address: 4713 SW 72ND AVE

MIAMI

(City)

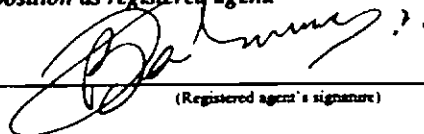
33155

, Florida

(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.



(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: JOSE BALMORI
☐ Member Address: 4713 SW 72ND AVE
☐ Authorized MIAMI, FL 33155
 Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: MAXIMUM PERFORMANCE, LLC
☒ Member Address: 3411 SILVERSIDE RD
☐ Authorized STE 104 TATNALL BLDG
 Person WILMINGTON, DE 19810
☐ Other ☐ Other

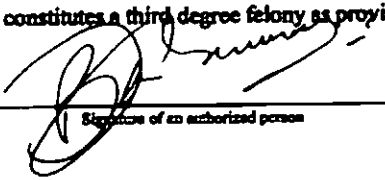
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

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.


 Signature of an authorized person
 JOSE BALMORI
 Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "MAXIMUM PERFORMANCE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE FOURTH DAY OF JANUARY, A.D. 2019, AT 1:53 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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



7223432 8315

SR# 20198667754

You may verify this certificate online at corp.delaware.gov/authver.shtml

2020 JAN 14 PM 3:19
A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.
Jeffrey W. Bullock, Secretary of State

Authentication: 204231471

Date: 12-16-19