

P03000111478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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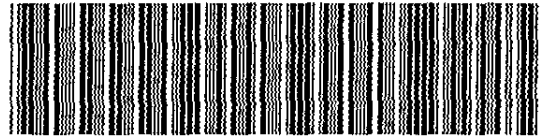
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10-9-0

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: All Out Performance Corporation  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Arrom 3 Company  
Name (Printed or typed)

10556 N.W. 26 Street, Suite D-203  
Address

Miami, FL 33172  
City, State & Zip

(305) 592-0663  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION  
OF  
ALL OUT PERFORMANCE CORPORATION**

**FILED**  
03 OCT -6 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

**ARTICLE I**

The name of this corporation shall be:

**All Out Performance Corporation**

**ARTICLE II**

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

**ARTICLE III**

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
- (3) To have perpetual succession by its corporate name;

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of one hundred (100) shares, having an individual par value of one dollar (\$1.00).

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial principal office and the name of the initial Resident Agent of this corporation shall be:

##### INITIAL PRINCIPAL OFFICE

5055 NW 7 Street, Apt 908  
Miami, FL 33126

##### INITIAL RESIDENT AGENT

Orlando Arrom

#### ARTICLE VI

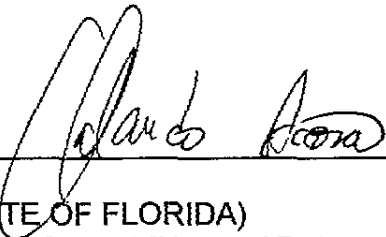
The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

Orlando Arrom  
5055 NW 7 Street, Apt 908  
Miami, FL 33126

The name and address of the incorporator executing these Articles of Incorporation is:

Orlando Arrom  
5055 NW 7 Street, Apt 908  
Miami, FL 33126

IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles of Incorporation this 2nd day of October, 2003.

  
\_\_\_\_\_  
STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

BEFORE ME, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared Orlando Arrom known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in state and county aforesaid, this 2nd day of October, 2003.

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:



**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

All Out Performance Corporation

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2. The name and address of the registered agent and office is:

Orlando Arrom

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(NAME)

10556 NW 26 Street, Suite 203

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(P.O. BOX NOT ACCEPTABLE)

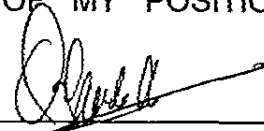
Miami, FL 33172

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(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

October 2, 2003

FILED

03 OCT -6 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA