Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250000152813)))



H250000152813ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI 5

Account Number : I20040000031

Phone : (800)906-9220

Fax Number : (800)906-9880

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO.

PACKED FOR PERFORMANCE LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help



From: Angel Loomis

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Packed For Performance LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

760 NW Enterprise Drive	760 NW Enterprise Drive
Port St. Lucie, Fl. 34986	Port St. Lucic, FL 34986

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DOMENIC JACOVONE	
Name	
760 NW Enterprise Drive	

Florida street address (P.O. Box NOT acceptable)

Port St. Lucie	<u> Florida</u>	34986
City	State	Zip

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 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 jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/DOMENIC IACOVONE

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	DOMENIC IACOVONE 1257 SW MARTIN HWY, PO BOX 73 PALM CITY , FL 34990
AMBR	ANDREW ROSS MACKAY 75 KENMARE ST, APT 2D NEW YORK, NY 10012
AMBR	BRADLEY CHURCHILL 2733 W LAKE VAN NESS CIRCLE FRESNO, CA 93711
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	tate of filing: Upon Filing (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: /s/DOMENIC IAC	COVONE
Signature of a This document is ex-	member or an authorized representative of a member. ecuted 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.

DOMENIC IACOVONE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)