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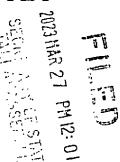
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
ad Copies	Certificates o	of Status
tial Instructions to Fili	ng Officer:	

Office Use Only



800405301828

S. CHATHAM
MAR LI 2023



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) Herming El

ORATION LEL FLORIDA DEVISOR

COVER LETTER

	Filing Section of Co	ction rporations			
SUBJECT:	PEAK P	ERFORMANC	E PRODUCT	S LLC	
SUBJECT		Nan	ne of Limited Lia	bility Company	
The enclosed	Articles of	Organization and	fee(s) are submit	ted for filing.	
Please return	all corresp	ondence concernin	g this matter to th	ne following:	
	RO	XANA TUMBACO	0		
-			Name	of Person	_
	CO	RNERSTONE TA	X AND ACCT.S	VCS. CORP	
_			Firm	Company	
	40	00 HOLLYWOOI	BLVD SUITE 5	55-S	
-			A	ddress	· · · · · · · · · · · · · · · · · · ·
	H	OLLYWOOD, FL.	33021		
_		COUNTING@CO	•	and Zip Code	
				re annual report notifica	ation)
For further infi	ormation co	oncerning this matt	er, please call:		
RO	JT AMAKC	ЈМВАСО	786 at (597-9461)	
	Nan	ne of Person	Area Cod	e Daytime Telepho	one Number
Enclosed is a	check for	the following amou	int:		
□\$125.00 F	iling Fee	X)\$130.00 Filir Certificate of S	tatus Cer	\$155.00 Filing Fee & ctified Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New I Divisi P.O. I	ng Address Filing Section on of Corporation: Box 6327 nassee, FL 32314	5	Street Address New Filing Section The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	thassee reet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PE.	AK PERFORMANCE PROD	UCTS LLC		
(Mt	ist contain the words "Limited Liabi	lity Company, "L.	L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and	street address of the principal office	of the Limited Lia	ability Company is:	
<u> j</u>	Principal Office Address:		Mailing Address:	
2719 HOLI	YWOOD BLVD	2719 H	HOLLYWOOD BLVD	
SUITE B26	0	SUITE	E B260	
HOLLYWO	0 OOD , FL 33020 red Agent, Registered Office, & Ro	HOIT	YWOOD, FL 33020	2023
ARTICLE III - Register (The Limited Liability Coanother business entity w	OOD , FL 33020	HOLL egistered Agent's stered Agent, You	YWOOD, FL 33020 Signature:	2023 MAR 2 /
ARTICLE III - Register (The Limited Liability Coanother business entity w	OOD , FL 33020 red Agent, Registered Office, & Rompany cannot serve as its own Registration.)	HOLL gistered Agent's stered Agent, You nt are:	YWOOD, FL 33020 Signature: I must designate an individual or.	2023 MAR 2 / FII
ARTICLE III - Register (The Limited Liability Coanother business entity w	POD , FI. 33020 red Agent, Registered Office, & Registered Office, & Registered as its own Registration.) a street address of the registered agen	HOLL registered Agent's stored Agent, You nt are: ND ACCT.SVCS.	YWOOD, FL 33020 Signature: I must designate an individual or.	2023 MAR 2 / FIT 12: 0:
ARTICLE III - Register (The Limited Liability Coanother business entity w	POOD , FL 33020 red Agent, Registered Office, & Registered Office, & Registered office, & Registration active Florida registration.) a street address of the registered agent of the registered Agen	HOLL gistered Agent's stered Agent. You at are: ND ACCT.SVCS. (and according to the content of	YWOOD, FL 33020 Signature: I must designate an individual or a second company of the se	2023 HAR 2 / PH 12. U.
ARTICLE III - Register (The Limited Liability Coanother business entity w	POOD , FL 33020 red Agent, Registered Office, & Registered Office, & Registered Office, & Registration (Corners of the registered agent CORNERSTONE TAX AND NATE OF TOTAL AND ADDRESS OF TOTAL AND AD	HOLL registered Agent's stered Agent. You are: FID ACCT.SVCS. (1) TO SUITE 555-S D. Box NOT acce	YWOOD, FL 33020 Signature: I must designate an individual or a second company of the se	2023 HAR 2 / FIT IC. 0

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 as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	authorized Member	Name and Address:	
"MGR" = Ma	unnfice		
MGRM_		JIRIES N RABBA	
		1791 MELODY DR MISSISSAUGA, ON , L5M 2K9	
		EMONIONI ON LEND	
			
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	ent if necessary)	·	rii
i effective date is l	e date, if other than the date listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to o	r 90 days afte
n effective date is late of filing.) e: If the date inserdocument's effective	listed, the date must be sp ted in this block does not r we date on the Department	ecific and cannot be more than five business days prior to o neet the applicable statutory filing requirements, this date wil	·
n effective date is late of filing.) ight is the date inser- locument's effective of the property of the prop	ted in this block does not reve date on the Department rovisions, if any.	ecific and cannot be more than five business days prior to o neet the applicable statutory filing requirements, this date wil of State's records.	l not be listed
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n effective date is late of filing.) e: If the date inserdocument's effective of the property AND ALL LAWF	ted in this block does not reve date on the Department revisions, if any. FUL BUSINESS SIGNATURE: Signature of a match this document is execular aware that any false constitutes a third degree	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statue information submitted in a document to the Department of Stee felony as provided for in s.817.155, F.S. JIRIES N RABBA	l not be listed

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

ARTICLE IV-