

P15000045637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

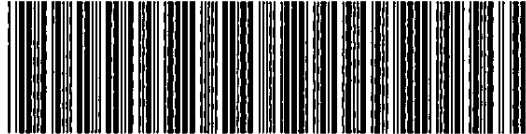
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/18/15--01014--017 **105.00

FILED
15 MAY 18 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S22-15a

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: **SHIFT PERFORMANCE INC.**

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Julia Greenberg-Aguilar

Contact Person

MyUSAcorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801

City, State and Zip Code

mtorres@ipformanceinstitute.com

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar at (**877**) **330-2677**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

SHIFT PERFORMANCE LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a **limited liability company**
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **Florida**
(Enter state, or if a non-U.S. entity, the name of the country)

on **10/01/2013**
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

SHIFT PERFORMANCE INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 6th day of May, 2015.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: MICHAEL TORRES Title: CEO

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: MICHAEL TORRES Title: MGRM

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

| | |
|---|-------------------|
| Certificate of Conversion: | \$35.00 |
| Fees for Florida Articles of Incorporation: | \$70.00 |
| Certified Copy: | \$8.75 (Optional) |
| Certificate of Status: | \$8.75 (Optional) |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: SHIFT PERFORMANCE INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

Principal street address

200 South Biscayne Boulevard, Suite 15A
Miami, FL 33131

Mailing address, if different is:

200 South Biscayne Boulevard, Suite 15A
Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

An Elite Sports Consultancy and High Performance Management Company integrating
next generation technology and applied human sciences.

ARTICLE IV SHARES
The number of shares of stock is: 100000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL TORRES - PRESIDENT
Address: 200 South Biscayne Boulevard, Suite 15A
Miami, FL 33131

Name and Title: MICHAEL TORRES- TREASURER
Address: 200 South Biscayne Boulevard, Suite 15A
Miami, FL 33131

Name and Title: MICHAEL TORRES- VICEPRESIDENT
Address: 200 South Biscayne Boulevard, Suite 15A
Miami, FL 33131

Name and Title: _____
Address: _____

Name and Title: MICHAEL TORRES- SECRETARY
Address: 200 South Biscayne Boulevard, Suite 15A
Miami, FL 33131

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: INCorp SERVICES, INC
Address: 17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470

FILED
15 MAY 18 AM 9:00
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

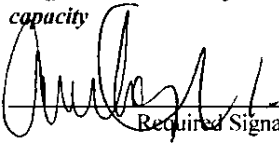
The name and address of the Incorporator is:

Name: MyUSACorporation.com

Address: 1 Radisson Plaza, Suite 800

New Rochelle, NY 10801

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

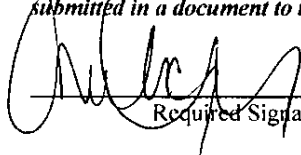


Required Signature/Registered Agent

05/06/2015

Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature/Incorporator

5/6/2015

Date

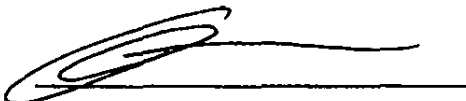
**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2015.



Aurora Murtey, Secretary
State of Nevada
County of Clark

Dated: January 19, 2015

Signed in my presence this the 19th day of January 2015 by Aurora Murtey, State of Nevada.
County of Clark


Notary Public in the State of Nevada