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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	Oo
SUBJECT: CP PERF	DEMANCE, INC. 150 44
(Name of c	orporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corpor "Certificate of Existence," and check are subn transact business in Florida.	ation for Authorization to Transact Business in Florida," hitted to register the above referenced foreign corporation to
Please return all correspondence concerning the	nis matter to the following:
MICHAEL MAYS	
CP PERFORMANCE, IN	3 C ,
Can Day	(Firm/Company)
5/23 KEDWOOD DAUE	(Address)
POUNTED POR CA	94928-2016
COMPERT THEE COL	(Address)  94928-2016  ity/State and Zip code)
For further information concerning this matter	
STREET/COURIER ADDRESS: Registration Section' Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee Certificate of Sta	& [] \$78.75 Filing Fee & [] \$87.50 Filing Fee, trus Certificate of Status & Certified Copy

APPLICAT	ION BY FOREIGN CORPO BUSI	DRATION FOR AU NESS IN FLORIDA		ransact (
IN COMPLIANCE R REGISTER A FORE	TTH SECTION 607.1503, FLO IGN CORPORATION TO TRAN	RIDA STATUTES. THE ISACT BUSINESS IN T	E FOLLOWING IS SUBMI THE STATE OF FLORIDA	TTED TO TAL
1. CP PER	FORMANCE INC	·	<u> </u>	
(Enter name of cor	poration; must include "INCORPOI p," "Inc," "Co," or "Corp.")	RATED," "COMPANY,	" "CORPORATION,"	
CP PERU	ORMANCE PROPUG e in Florida, enter alternate corpora	S, INC.		
2. CACI	OPWIA- der the law of which it is incorpora	3 <i>6</i> :	8-0436139	
4 7/	2/1999 Fincorporation	$f_{\epsilon}$	UETUAL	
(Date o	fincorporation)	(Duration: Ye	ar corp. will cease to exist or	"perpetual")
6 N/	Ά		•	
0	(Date first transacted b	usiness in Florida, if prio		,
	(SEE SECTIONS 607.1501	$\wedge$	•	
7. 5725	LEDWOOD DRIVE,	KOHNERT PAI	ek, ca 94928	
	(Principal o	ffice address)	•	•
		ME	·	
	(Current ma	iling address)		
40	0			
	LE MODITS SALES			<del></del>
(Purpose(s)	of corporation authorized in home s	tate or country to be carri	ed out in state of Florida)	
9. Name and street	address of Florida registered age	nt: (P.O. Box <u>NOT</u> ac	cceptable)	
Name:	MICHAUL MAYS			
			<u></u>	
Office Address:	11 Industry DRive		· · ·	* * * *
	PALM COAst (City)	Plorida	32137	e jan
	(City)	, ronda	(Žip code)	
10. Registered age	nt's acceptance:			

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Scoretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and husiness addresses of officers and/or directors:

A. DIRECTORS									
Chairman:						<del> </del>			<del></del>
Address:						·			<u>.</u>
				≅ —— <u>E.</u>					
Vice Chairman:		-		ريوا	<del></del>			8	_^_
Address:		· · · · · · · · · · · · · · · · · · ·		臺					842,
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Director:	;		:	=				- 5	1900 C
Address:	***		<u>.</u>	· <del>2</del>		្វដី			100g
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Director:		<del></del>	,	=	·.				
Address:			÷	÷	-			<del>, -</del> ,,	
		<del> </del>				<u> </u>			
B. OFFICERS									
President: MicHARL	mays			- -					<del></del> _
Address: 5725 (E)	WOOD FRIVE			·					
ROHNERT 1	nex, ca 949	28		-			·		
Vice Presiden Scott PA	rce						•	• .	- 1
Address: 5725 KEO	WOOD PRIVE								
KOHNERT	PAKK, CH 9	4928		<b>=</b> :		المسائدي		;	
Secretary:				<del>-</del>					<del></del>
Address		· · · · · · · · · · · · · · · · · · ·		= -			•		
Treasurer:	· ·	<del></del>		<u> </u>	<del></del> -		<del></del> _		3.
		F 10 10 10	• .:	<u></u>					<u> </u>
Address:		·		<del> </del>			<del></del> -		
NOTE: If n cessary val may	ujactran addendum to the	application	listi	ng addi	itional	officers an	d/or dir	ectors.	ŭ.
13. (Signature	of Diseases as Office at live		17	<del></del>	<del></del> -		<u> </u>	<u> </u>	
	e of Director or Officer list	ieu in numt	oer il	oi the	appin	cation)		- /	•
14. CTyped (Typed	or printed name and capac	ity of perso	on sig	ning a	pplica	ion)	<del>.</del>	F. i	<del></del>

## State of California

Secretary of State



## CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 2nd day of July, 1999, CP PERFORMANCE became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 3, 2006.



BRUCE McPHERSON Secretary of State