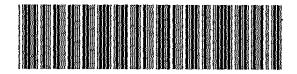
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DIVISION OF CURPORATIONS 06 AUG -4 AM 8: 21

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: PERFORMANCE	SPORTS, INC.
(Name of corpo	oration - must include suffix)
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to
Please return all correspondence concerning this n	
JUAN MANUEL	GONEACEZ me of Person) 6 SPORTS, TWC.
(Nar	me of Person)
PERFORMANC	E SPORTS, INC.
/x	is company)
27500 DI	STRAIT RD. #102
(STROT RD. #102 (Address) MD, OHIO 44145 State and Zip code)
CLEVELA	ND, OHIO 44145
(City/S	State and Zip code)
For further information concerning this matter, ple	ease call:
THANK CORRECTION	Wh
(Name of Person) at (4	Area Code & Daytime Telephone Number
(Traine of Follows)	med code & Daytime relephone (values)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations Division of Corporations Division of Corporations Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	·
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. PERFORMANCE SPORT	SACT BUSINESS IN THE STATE OF FLORIDA.
(Enter name of corporation; must include "INCORPOR "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporat	te name adopted for the purpose of transacting business in Florida)
2. Otto	3. 34-/855515 ed) (FEI number, if applicable)
(State or country under the law of which it is incorporate	ed) (FEI number, if applicable)
4. 1/21/1988	5. Perfetuel
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Date first transacted by	siness in Florida, if prior to registration)
	& 607.1502, F.S., to determine penalty liability)
7. 565 Society Hill Cit	RCLE, THE VILLAGES, FL. 32162
(Principal of	fice address)
(Current mail	mig audioss)
(Purpose(s) of corporation authorized in home sta	ACT OR ACTIVITY FORWHICH CORNERS ate or country to be carried out in state of Florida) MAY BE FORMA OUT (P.O. Box NOT acceptable)
(Purpose(s) of corporation authorized in home stars. 9. Name and street address of Florida registered agents.	ate or country to be carried out in state of Florida) MAY BE FORMA it: (P.O. Box NOT acceptable) UNDER THE REVICED (
(Purpose(s) of corporation authorized in home stars. 9. Name and street address of Florida registered agents.	ate or country to be carried out in state of Florida) MAY BE FORMA it: (P.O. Box NOT acceptable) UNDER THE REVICED (
(Purpose(s) of corporation authorized in home stars. 9. Name and street address of Florida registered agent Name: Name: Juny M. Gaven. Office Address: 565 Souety Him	ate or country to be carried out in state of Florida) MHY BE FORMA IT: (P.O. Box NOT acceptable) WORRTHE REVISED (FOHLO, AS NOW IN CIRCLE EFFECT OR HEREIA
(Purpose(s) of corporation authorized in home sta 9. Name and <u>street address</u> of Florida registered agen	ate or country to be carried out in state of Florida) MAY BE FORMA it: (P.O. Box NOT acceptable) UNDER THE REVICED (
(Purpose(s) of corporation authorized in home stars. 9. Name and street address of Florida registered agent. Name: JUNI H. GAVAN. Office Address: 565 Soviety Him. THE VILLAGES. (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept designated in this application, I hereby accept the application.	ate or country to be carried out in state of Florida) MHY BE FRAMM ATTHE PEVICED OF OHIO, AS NOW IN EFFECT OR HEREIN AMBINELL. (Zip code) pt service of process for the above stated corporation at the place oppointment as registered agent and agree to act in this capacity. I attates relative to the proper and complete performance of my duties, f my position as registered agent.

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	OF AUG -1
A. DIRECTORS	O6 Aug CORPORATION
Chairman:	06 AUG -4 AM 8: 21
Address:	
Vice Chairman:	· · · · · · · · · · · · · · · · · · ·
Address:	
Director: JUAN MANUEL GONZALEZ	
Address: Z7500 DETROIT RD. #102	
CLEVELAND, OHIO 44145	
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS	
President: JUAN MANUEL SONRALEZ	
Address: 27500 DETLOIT RD. #102	
CLEVELIND, Otto 44145	
Vice President: SUSAN L. GONZALEZ	
Address: 27500 DETROIT RD #112	
CLEVELMO, otto 44145	
Secretary: SUSAN L. GONBALER	
Address: 27500 DETRIFED. #102 - CLEVEL	440, 0 H. 44142
Treasurer: JUAN MANUEL GONZALEZ	
Address: 27500 DETLATED.#102 - CLEVEC	AND, 64. 44145
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or directors
SMIN B	noors armor anoughs.
(Signature of Director or Officer listed in number 12 of the application)	ion)
	SIDENT
(Typed or printed name and capacity of person signing applicatio	u <i>)</i>

United States of America $D_{IVISION}$ State of Ohio D_{6AUG} Office of the Secretary of State

DIVISION OF CORPORATIONS

06 AUG -4 AM 8: 21

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PERFORMANCE SPORTS, INC., an Ohio corporation, Charter No. CP3151, having its principal location in Cleveland, County of Cuyahoga, was incorporated on January 21, 1998 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of August, A.D. 2006

Ohio Secretary of State

Validation Number: V2006213A93264