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S. ROBERTS MAR - 8 2023

COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT: Performa		nt, Inc.	
30031.01.	Name of corporation		, , , , , , , , , , , , , , , , , , ,
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	*Certificate of Good Stand	ling" and check are sub-	
Please return all corresponden	ce concerning this matter	to the following:	
Sierra Sanders			
	Name of I	erson	
Wyoming Corpora	ite Services		
	Firm/Com	pany	
1712 Pioneer Ave			
	Addre	SS	
Cheyenne WY 82	001		
	City/State ar	id Zip code	
Christina@wyoming			
E-1	nail address: (to be used for	or future annual report n	otilication)
For further information conce	rning this matter, please ca	all:	
Sierra Sanders	at (307	632-3333 Daytime Teleph	
Name of Person	Area Code	Daytime Telepl	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
•	LORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Cenified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(State or country under the law of which it is incorporated) 12/01/2020 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1547 NE 124th St. #2, North Miami, FL 33161 (Principal office street address) (Current mailing address, if different) Name: Genesis O. Devereaux fice Address: 1547 NE 124th St. #2 North Miami , Florida 33161 (City) (City)	(If name unavail	able in Florida, enter alternate corporate name adop	sted for the purpose of transacting business in Flor	ida)
(State or country under the law of which it is incorporated) 12/01/2020 5. (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1547 NE 124th St. #2, North Miami, FL 33161 (Principal office atreet address) (Current mailing address, if different) Name: Genesis O. Devereaux 1547 NE 124th St. #2 North Miami , Florida 33161 (City) (City)	141	•		-
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1547 NE 124th St. #2, North Miami, FL 33161 (Principal office atreet address) (Current mailing address, if different) Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable) Name: Genesis O. Devereaux 1547 NE 124th St. #2 North Miami (City) Florida 33161 (Zip code)	(State or country	y under the law of which it is incomparated)	(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1547 NE 124th St. #2, North Miami, FL 33161 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Genesis O. Devereaux 1547 NE 124th St. #2 North Miami , Florida 33161 (City)				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty tiability) 1547 NE 124th St. #2, North Miami, FL 33161 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Genesis O. Devereaux 1547 NE 124th St. #2 North Miami (City) Florida 33161 (Zip code)	(Date	of incorporation)	(Date of duration, if other than memetual)	—
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1547 NE 124th St. #2, North Miami, FL 33161 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Genesis O. Devereaux 1547 NE 124th St. #2 North Miami (City)	(54.0	·	(2.1.0 0.0 0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
1547 NE 124th St. #2, North Miami, FL 33161 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Genesis O. Devereaux 1547 NE 124th St. #2 North Miami , Florida 33161 (City) (City) (Zip code)		(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	rida, if prior to registration) F.S., to determine penalty liability)	
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Genesis O. Devereaux 1547 NE 124th St. #2 North Miami (City) (City) (City) (City) (City address)	1547 NE 1	-		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Genesis O. Devereaux 1547 NE 124th St. #2 North Miami , Florida (Zip code)			- ما الماد موروس ويناو بين من	
North Miami , Florida 33161 (City) (Zip code)		` · · -		.
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Genesis O. Devereaux 1547 NE 124th St. #2 North Miami , Florida (Zip code) Registered agent's acceptance:		(Current mailing ad	dress, if different)	3 - 3 11
North Miami , Florida 33161 (City) (Zip code)			NOT	
North Miami , Florida 33161 (City) (Zip code)	Name and street		ox NOT acceptable)	45.
North Miami , Florida 33161 (City) (Zip code)	Name:	Genesis O. Devereaux	-	• ••
North Miami , Florida 33161 (City) (Zip code)	Man Address	1547 NE 124th St. #2		- - -
	ince Address.	Nauth Minni	- 33161	~)
		NOTUI WIATII	_ , Florida 33 10 1	195
Registered agent's acceptance:		(City)	(Zip code)	
	Registered ag	ent's acceptance:		
	1 <i>FIMUNIAN</i> SW FMFE	application, I nereby accept the appointment comply with the provisions of all statutes relat	as registered agent and agree to act in this clive to the proper and complete performance (of my
isignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac Orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	signuiza in inis rther agree to c			
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac To ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my The did not be a state of the colligations of my position as registered agent.	rther agree to c			
isignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac The agree to comply with the provisions of all statutes relative to the proper and complete performance of my Ind I am familiar with and accept the obligations of my position as registered agent.	irther agree to c	'n		
irther agree to comply with the provisions of all statutes relative to the proper and complete performance of my	irther agree to c	0		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
Choirman	Name: Genesis O. Devereaux	□ Chairman	Name:	
☐ Vice Chairman	Address: 1547 NE 124th St. #2	□Vice Chairman		
☑ Director	North Miami, FL 33161	Director		
Ø President		☐ President		
✓ Vice President	<u> </u>	□Vice President		
Ø Sccretary	[2] Treasurer	Secretary		☐Treasurer
Other	Other	Other		□Other
□ Chalrman	Name:	□ Chairman	Name:	
☐ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	Secretary		☐ Treasurer
Other	Other	Other		Other
	•			
□ Chairman	Name:	Chairman	Name:	
□Vice Chalrman	Address:	□Více Chairman	Address:	
□ Director		Director		
President		President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary		□ Treasurer
□Other		Other		□Other
individuals may be	Ise an attachment to report more than six (6). The atta- added to the index when filing your Floridy Departme	nt of State Annual Re		urposes only. Non-indexed
12.	Signature of Director o			
she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in number is information submitted in a document to the Depart			
13. Genesis	O. Devereaux			

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Performance Management, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **December 1, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000961889**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of February, 2023 at 1:13 PM. This certificate is assigned ID Number 058265121.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ce Management, Inc.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
-	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting busine	ess in Florida)
_{2.} Wyoming	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. 12/01/202	20 ,	(Date of duration, if other than per	
(Date	of incorporation) 5.	(Date of duration, if other than per	petual)
6.			
v	(Date first transacted business in (SEE SECTIONS 607.150) & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)	
₇ 1547 NE 1	24th St. #2, North Miami, FL	33161	
·		s street address)	
			202
	(Current mailing	address, if different)	202 F53 14 7711:2
8. Name and stree	st address of Florida registered agent: (P.O.	Box NOT acceptable)	=
Name:	Genesis O. Devereaux		:
Office Address:	1547 NE 124th St. #2		=
Office Address:		—- 22161	ည်
	North Miami	, Florida 33161	
	(City)	(Zip code)	
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my posi	ent as registered agent and agree to ac lative to the proper and complete perfo	t in this capacity. I
·			
_	(Registered agent's sig	nature)	
10. Attached is a	certificate of existence duly authenticated, r	not more than 90 days prior to delivery	of this application to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS				
□Chairman	Name: Genesis O. Devereaux	□ Chairman	Name:	
☐ Vice Chairman	Address: 1547 NE 124th St. #2	□ Vice Chairman	Address:	— ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-
☑ Director	North Miami, FL 33161	Director		
ØPresident		☐ President		
ØVice President		□Vice President		
Ø Secretary		□ Secretary		☐ Treasurer
Other	Other	Other		□Other
□ Chalrman	Name:	□ Choirman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		☐ Vice President		
☐ Secretary	☐Treasurer	□Sccretary		☐Treasurer
Other	Other	Other		Other
	•			
Chairman	Name:	□ Chairman	Name:	
□Vice Chalrman	Address:	☐Vice Chairman	Address:	
□Director		Director		
President		□ President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer
Other	Other	Other		Other
	Jse an attachment to report more than six (6). The attac added to the index when filing your Floridy Departmer			rposes only. Non-indexed
12.	Signature of Director or	000		
			at the facts are	hazain ana tena and that ha an
she is aware that for s.817.155, F.S.	etor signing this document (and who is listed in number lise information submitted in a document to the Department.	nent of State constitu	na the facts stated ites a third degree	felony as provided for in
13. Genesis	O. Devereaux	·		

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Profit Corporation

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