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TRANSMITTAL LETTER

FILED
02 JAN 24 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-01/24/02--01046--005
*****78.75 *****78.75

SUBJECT: TM Performance, Inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee

☒ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Cheryl Hashagen
Name (Printed or typed)

PO Box 11065
Address

Ft Lauderdale, Fla 33339
City, State & Zip

954-574-9818
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be:

TM Performance, Inc

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

PO Box 11065 Ft Lauderdale Fla. 33339

ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

Cheryl Hasnagen 29 SE 10th St Dfld Fla 33441

ARTICLE V INCORPORATOR
The **name and address** of the incorporator to these Articles of Incorporation are:

Robert Hasnagen 29 SE 10th St Dfld Fla 33441

Signature/Incorporator — Date: 1-23-02

X Robert Hasnagen

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 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.

Signature/Registered Agent — Date: 1-23-02

*All mail to go to: PO Box 11065 Ft Laud Fla 33339