

**Po2000010619**

**TRANSMITTAL LETTER**

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

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

400004794134--5  
-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.**

**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 11045 Ft Lauderdale Fl 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**

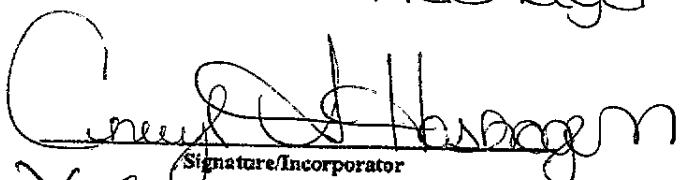
The name and Florida street address of the initial registered agent are:

Cheryl Hashagen 3958 10th St  
Ftld Fla 33441

**ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

Robert Hashagen 3958 10th St  
Ftld Fla 33441

  
Signature/Incorporator

1-23-02  
Date

  
X Robert Hashagen

(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

\*Cull mail to go to: Po Box 11045  
Ft Laud Fla  
33339

F I L E D  
02 JAN 24 PM 12:56  
SECRETARIAL OF STATE  
TALLAHASSEE, FLORIDA