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SECRETARY OF STATE
TAILLAH ASSES, FURNISH



COVER LETTER

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

SUBJECT: BLACK OPS PERFORMANCE INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
England on an aria	inal and any (1) some afthe ant	isles of incompantion and	la abaole for	
Enclosed are an orig	final and one (1) copy of the art	icles of incorporation and	a check for.	
\$70.00	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PPY REQUIRED	
FROM:	NICHOLAS S	MITH		
13(0)/2.	Name	(Printed or typed)		
	9012 REYES	CT.		
		Address	·	
	ORLANDO, FL	32836	•	
	City	, State & Zip		
	407-256-720	o <i>3</i>		
Daytime Telephone number				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapt	ter 621, F.S. (Profit) FILED
ARTICLE I NAME	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of the corporation shall be: BLACK OP	S PERFORMANCE INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address	s is: Po Box 23 8433
	COCOA, FL 32923-8433
ARTICLE III PURPOSE The purpose for which the corporation is organ Automotive PARTS	
ARTICLE IV SHARES The number of shares of stock is:	
100-	
ARTICLE V INITIAL OFFICERS A List name(s), address(es) and specific title(s):	
NICHOLAS A. SMITH	12139 WATERSTONECT. APT. 716
9012 REYES CT.	ORLANDO, FL 32825
ORLANDO, FL 32836 VICE PRESEDENT / TRESURER	PRESIDENT SECRETARY
ARTICLE VI REGISTERED AGE!	
The name and Florida street address (P.O. B	lox NOT acceptable) of the registered agent is:
RYAN WILHELM 12139 WATERSTONE CT.	APT 71/2
ORLANDO, FL 32825	· · · · · · · · · · · · · · · · · · ·
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	7-1-1-1
	GOIZ REYES CT.
	OKLANDO, FL 32836