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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
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COVER LETTER

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

SUBJECT: UNLimited Performance INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORA	TE NAME - MUST INCL	ODE SUFFIX
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY KEQUIKED
FROM:	MANUEL AMAdo Name		
	Orlando, FL	32824	
	(407) 625-19 Daytime T	20 Telephone number	<u>.</u>

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Prof	fit)
ARTICLE I NAME The name of the corporation shall be: UNLimited Performance	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1904 Bridgeview Orlando, FL ARTICLE III PURPOSE The purpose for which the corporation is organized is: NA	OT JOH-5 PH 2: 15 SEDTELLANGSE
ARTICLE IV SHARES The number of shares of stock is: Manuel Amador Jr.	Shares Total con sideration 45.00
Transwer -	MORS MANUEL Amador Jr. Manuel Amador Jr. Manuel Amador Jr.
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:
Manuel And 1904 Bridge of the Incorporator is: Manuel And Orlando, And Orlando, And Manuel And Man	dgeview Grale FL 32824 For Jr. ew Circle
**************************************	*********
Having been named as registered agent to accept service of process for the conditions of am familiar with and expert the abroise most as registered agent	

Signature/Registered

Signature/Incorporator

Jan. 3^{cd}, 2007 Date

Jan. 3^d, 2007 Date