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A1A CORPORATE SERVICES

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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

Tri-Core Performance Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

TRI-CORE PERFORMANCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is

500 TRINITY LN N APT 11204
SAINT PETERSBURG, FL 33716**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock:

100 COMMON SHARES PAR VALUE \$.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT:
DR. MATTHEW J. FONTAINE
500 TRINITY LN N APT 11204
SAINT PETERSBURG, FL 33716VICE PRESIDENT, SECRETARY, TREASURER:
DR. MATTHEW J. FONTAINE
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PAGE 2 TRI-CORE PERFORMANCE INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DR. MATTHEW J. FONTAINE
500 TRINITY LN N APT 11204
SAINT PETERSBURG, FL 33716

ARTICLE VII INCORPORATOR

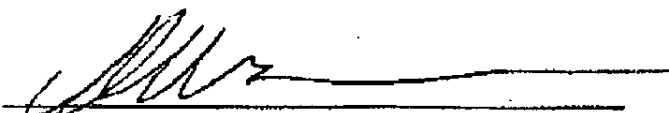
The name and Florida street address of the incorporator is:

DR. MATTHEW J. FONTAINE
500 TRINITY LN N APT 11204
SAINT PETERSBURG, FL 33716

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


DR. MATTHEW J. FONTAINE / Registered Agent

02/17/07
Date


DR. MATTHEW J. FONTAINE / Incorporator

02/17/07
Date

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