

P15 000045637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

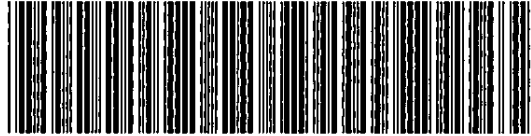
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FILED  
15 MAY 18 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S-22-15 a

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** SHIFT PERFORMANCE INC.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Julia Greenberg-Aguilar

Contact Person

MyUSAcorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801

City, State and Zip Code

mtorres@ipformanceinstitute.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Greenberg-Aguilar at ( 877 ) 330-2677

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees     \$113.75 Filing Fees and Certificate of Status     \$113.75 Filing Fees and Certified Copy     \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**“Other Business Entity”**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **“Other Business Entity”** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the “Other Business Entity” immediately prior to the filing of this Certificate of Conversion is:

**SHIFT PERFORMANCE LLC**

Enter Name of Other Business Entity

2. The “Other Business Entity” is a **limited liability company**  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **Florida**  
(Enter state, or if a non-U.S. entity, the name of the country)

on **10/01/2013**  
Enter date “Other Business Entity” was first organized, formed or incorporated

3. If the jurisdiction of the “Other Business Entity” was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

**SHIFT PERFORMANCE INC.**

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.**)

Signed this 6th day of May, 2015.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, ~~Officer~~, if Directors or Officers have not been selected, an Incorporator: \_\_\_\_\_

Printed Name: MICHAEL TORRES Title: CEO

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature:  \_\_\_\_\_  
Printed Name: MICHAEL TORRES Title: MGRM

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I    NAME**            SHIFT PERFORMANCE INC.  
The name of the corporation shall be:

**ARTICLE II    PRINCIPAL OFFICE**  
The principal place of business/ mailing address is:

Principal street address  
200 South Biscayne Boulevard, Suite 15A  
Miami, FL 33131

Mailing address, if different is:  
200 South Biscayne Boulevard, Suite 15A  
Miami, FL 33131

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is:  
An Elite Sports Consultancy and High Performance Management Company integrating  
next generation technology and applied human sciences.

FILED  
15 MAY 18 AM 9:00  
STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE IV    SHARES**    100000  
The number of shares of stock is:

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MICHAEL TORRES - PRESIDENT  
Address: 200 South Biscayne Boulevard, Suite 15A  
Miami, FL 33131

Name and Title: MICHAEL TORRES- TREASURER  
Address: 200 South Biscayne Boulevard, Suite 15A  
Miami, FL 33131

Name and Title: MICHAEL TORRES- VICEPRESIDENT  
Address: 200 South Biscayne Boulevard, Suite 15A  
Miami, FL 33131

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: MICHAEL TORRES- SECRETARY  
Address: 200 South Biscayne Boulevard, Suite 15A  
Miami, FL 33131

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI    REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

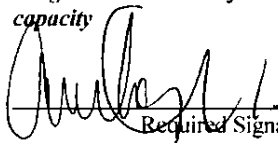
Name: INCorp SERVICES, INC  
Address: 17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

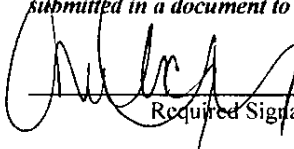
Name: MyUSAcorporation.com  
Address: 1 Radisson Plaza, Suite 800  
New Rochelle, NY 10801

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

05/06/2015  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

5/6/2015  
Date

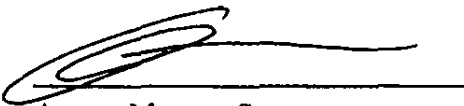
**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \*Selene Enterprises LLC dba MyUSA corporation.com\* have purchased agent service on through their account with InCorp Services, Inc.

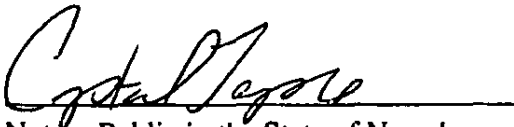
TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2015.



Aurora Murtey, Secretary  
State of Nevada  
County of Clark

Dated: January 19, 2015

Signed in my presence this the 19<sup>th</sup> day of January 2015 by Aurora Murtey, State of Nevada.  
County of Clark



Notary Public in the State of Nevada

