

# P17000052309

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
NEW AGE PERFORMANCE CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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17 MAY 16 AM 10:22

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17 JUN 16 PM 4:27  
DIVISION OF CORPORATIONS  
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06/19/17

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

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**ARTICLE I NAME:** The name of the corporation is:NEW AGE PERFORMANCE CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9695 NW 79 Ave #44  
Hialeah Gardens, FL 33016**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**DAYAN PADRON BLANCO (P)  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Dayan PADRON BLANCO  
9695 NW 79 Ave #44  
Hialeah Gardens FL  
33016**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Dayan Padron Branco  
9695 NW 79 Ave #44  
Hialeah Gardens FL 33016

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**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

  
\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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