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(((H22000045724 3)))



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Division of Corporations

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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: ACCOUNTING@WAW-US.COM

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FLORIDA PROFIT/NON PROFIT CORPORATION PEAK PERFORMANCE SPECIALISTS, INC

| Certificate of Status | 1 |
|-----------------------|---------|
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Help

H22000045724

ARTICLES OF INCORPORATION

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

| IRTICLE I NAME The name of the corporate | tion shall be: PEAK PERFORMANCE SPECIALISTS, INC | | | | |
|--|---|-----------------|--------------------------|-------------|--------------------|
| RTICLE II PRINC | TPAL OFFICE Principal street address | | failing address, if diff | erent is: | |
| IRTICLE III PURPO The purpose for which the | OSE the corporation is organized is: CONSU | ULTING | | | |
| | | | | | |
| | stock is: 1,500 AT NO PAR VALUE | <u> </u> | | TECHETARY O | 2022 FEB -3 |
| Name and Title | EDIFFICERS AND/OR DIRECTORS PETER WOLFING - PRESIDENT 6305 NAPLES BLVD, #1069 | Name and Title: | <u> </u> | Y OF STATE | AH 99 33 |
| Address | NAPLES, FL 34109 | Address: _ | | | |
| Name and Title: | | Name and Title: | | | |
| Address | | Address: | | | |
| Name and Title: | | | | | |
| Address | | Address: | | | |
| | | | | | |

Required Signature Lacorporator

pg 4 of 4

| ⊕ 02/03/2022 1:04 PM | 14154847068 | → 18506176381 | pg 4 of H22000045724 |
|-------------------------------------|--|--|--|
| Name ar | nd Title: | Name and Title: | |
| Address | s | Address: | |
| | | | |
| | | | |
| | REGISTERED AGENT lorida street address (P.O. Box NO | OT acceptable) of the registered agent is: | |
| Name: | PETER WOLFING | | |
| Address: | 6305 NAPLES BLVD, #1069 |) | |
| | NAPLES, FL 34109 | | |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | | |
| The name and a | ddress of the Incorporator is: | | 202 |
| Name: | PETER WOLFING | | 2022 FEB |
| Address: | 6305 NAPLES BLVD, #1 | 069 | FARY |
| | NAPLES, FL 34109 | | REPRETARY OF STA |
| ARTICI E VIII | EFFECTIVE DATE: | | STATE ORDER |
| Effective date, if | fother than the date of filing: | (OPTIONA | L) |
| (If an effective filing.) | date is listed, the date must be sp | ecific and cannot be more than five days | prior or 90 days after the |
| | e inserted in this block does not me effective date on the Department o | eet the applicable statutory fiting requirement of State's records. | nts, this date will not be listed as |
| | | rvice of process for the above stated corpord nament as registered agent and agree to act | |
| 1 hV | X WAT | | JANUARY 24, 2022 |
| Required Signar | me/Registered/agent | | Date |
| I submit this do document to the | cuprent and affirm that the facts s Department of State confliques a t | stated herein are true. I am aware that the hird degree felony as provided for in s.817.1 | false information submitted in a 155, F.S. |

JANUARY 24, 2022

Date