

P99000058273

FAF PERFORMANCE, INC.

1916 Len Drive
Juno Beach, FL 33408
(561) 691-5099

FILED
99 JUN 25 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 23, 1999

Dept. of State
Division of Corporations
P.O.B. 6327
Tallahassee, FL 32314

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-06/25/99--01078--008
*****78.75 *****78.75

Dear Sir or Madam:

Enclosed please find my application to incorporate FAF PERFORMANCE.
Also, enclosed, please find my check no. 313, in the amount of \$78.75.

If you require anything further in order to process this paperwork, please
feel free to contact me at the above telephone number. Thank you for your
immediate attention to this matter.

Sincerely,


Michelle Manning
SSN 448-62-8092

/MM

Enclosures

cc: Marc Manning

gfc
6/28

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FAF PERFORMANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1916 Len Drive
Juno Beach, FL 33408

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

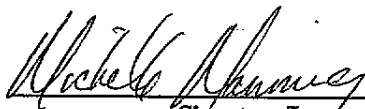
The name and Florida street address of the initial registered agent are:

Michelle Manning
1916 Len Drive
Juno Beach, FL 33408

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Michelle Manning
1916 Len Drive
Juno Beach, FL 33408



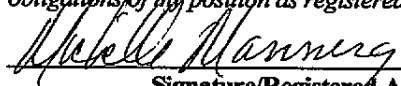
Signature/Incorporator

6-22-99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

6-22-99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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