

Form 201

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709



Filed in the Office of the
Secretary of State of Texas
Filing #: 800616100 02/21/2006
Document #: 118211550002
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**Certificate of Formation
For-Profit Corporation**

Filing Fee: \$300

Article 1 - Entity Name and Type

The filing entity being formed is a for-profit corporation. The name of the entity is:

PPPMC, Inc.

The name must contain the word "corporation," "company," "incorporated," "limited," or an abbreviation of one of these terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

Article 2 - Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be corporation named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Niyanta Spelman

C. The business address of the registered agent and the registered office address is:

Street Address:

3802 Avenue F Austin TX 78751

Article 3 - Directors

The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are set forth below:

Director 1: **Niyanta Spelman**

Address: **PO Box 49268 Austin TX, USA 78765**

Article 4 - Authorized Shares

The total number of shares the corporation is authorized to issue and the par value of each of such shares, or a statement that such shares are without par value, is set forth below.

Number of Shares	Par Value (must choose and complete either A or B)	Class	Series
1000	<input checked="" type="checkbox"/> A. has a par value of \$1 <input type="checkbox"/> B. without par value.		

If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, and the par value (or statement of no par value), of each class. If shares of a class are to be issued in series, you must provide the designation of each series. The preferences, limitations, and relative rights of each class or series must be stated in space provided for supplemental information.

Article 5 - Purpose

The purpose for which the corporation is organized is for the transaction of any and all lawful business for which corporations may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its

signing. The delayed effective date is:

Organizer

The name and address of the organizer is set forth below.

Niyanta Spelman PO Box 49268, Austin, Tx 78765

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Niyanta Spelman

Signature of organizer

FILING OFFICE COPY



**Office of the Secretary of State
Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697
(Form 503)**

**Filed in the Office of the
Secretary of State of Texas
Filing #: 800616100 2/23/2006
Document #: 118345390002
Image Generated Electronically
for Web Filing**

**ASSUMED NAME CERTIFICATE
FOR FILING WITH THE SECRETARY OF STATE**

1. The assumed name under which the business or professional service is or is to be conducted or rendered is:

Performance Partnership

2. The name of the entity as stated in its certificate of formation, application for registration, application for certificate of authority, or comparable document is:

PPPMC, Inc.

3. The state, country, or other jurisdiction under the laws of which it was incorporated, organized or associated is TEXAS and the address of its registered or similar office in that jurisdiction is:
3802 Avenue F, Austin, TX, USA 78751

4. The period, not to exceed 10 years, during which the assumed name will be used is (enter number of years or a date of expiration): 10 year(s)

5. The entity is a : Domestic For-Profit Corporation

6. If the entity is required to maintain a registered office in Texas, the address of the registered office is:

3802 Avenue F, Austin, TX, USA 78751

and the name of its registered agent at such address is:

Niyanta Spelman

The address of the principal office (if not the same as the registered office) is:

7. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is:

and if the entity is not incorporated, organized or associated under the laws of Texas, the address of its place of business in Texas is:

and the office address elsewhere is:

8. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are:

ALL COUNTIES

9. The undersigned, if acting in the capacity of an attorney-in-fact of the entity, certifies that the entity has duly authorized the attorney-in-fact in writing to execute this document. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

PPPMC, Inc.

Name of the entity

By: Niyanta Spelman

**Signature of officer, general partner, manager,
representative or attorney-in-fact of the entity**

NOTE

This form is designed to meet statutory requirements for filing with the secretary of state and is not designed to meet filing requirements on the county level. Filing requirements for assumed name documents to be filed with the county clerk differ. Assumed name documents filed with the county clerk are to be executed and acknowledged by the filing party, which requires that the document be notarized.

FILING OFFICE COPY

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

c Taxpayer identification number 15421943166	d Report year 2007
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Corporation name and address

PPPMC, Inc.
P.O. Box 49268
Austin, TX 78765

e PIR / IND	1	4
Secretary of State file number or, if none, Comptroller unchartered number		
Item k on Franchise Tax Report, Form 05-142		g ■ 0800616100

Please mark through any incorrect information, and type or print the correct information. The following information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

Check here if there are currently **no changes** to the information preprinted in Section A of this report. Then, complete Sections Band C.

Corporation's principal office
P.O. Box 49268, Austin, TX 78765

Principal place of business
P.O. Box 49268, Austin, TX 78765

1542194316607

Please sign below! Officer and director information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers and directors change throughout the year.



SECTION A. Name, title, and mailing address of each officer and director.

NAME	TITLE	DIRECTOR	Term expiration (mm-dd-yyyy)
Niyanta Spelman	Pres	<input checked="" type="checkbox"/> Yes	
MAILING ADDRESS 3802 Avenue F Austin TX 78751			
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	

SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation or limited liability company.

Name of owned (subsidiary) corporation or limited liability company	State of inc/organization	Texas SOS file number	Percentage Interest
NONE			

SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company.

Name of owning (parent) corporation or limited liability company	State of inc/organization	Texas SOS file number	Percentage Interest
NONE			

Registered agent and registered office currently on file. (See instructions if you need to make changes.)

Agent: Niyanta Spelman
Office: 3802 Avenue F Austin TX 78751

Check here if you need forms to change the registered agent or registered office information.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this, or a related, corporation or limited liability company. TXCA0601L 01/12/07

sign here	Officer, director, or other authorized person	Title	Date	Daytime phone (Area code and number)
		President	3/2/07	(512) 420-0101 IN

05-102
(1-08/28)
Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations or Limited Liability Companies (LLCS))
This report MUST be filed to satisfy franchise tax requirements

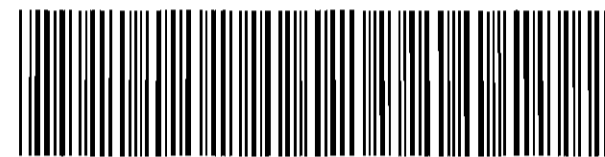
Taxpayer number 15421943166 Report year 2008 You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name PPPMC, Inc. Mailing address P.O. Box 49268 City Austin State TX ZIP Code 78765 Plus 4 Secretary of State file number or Comptroller file number 0800616100

Check box if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office P.O. Box 49268, Austin, TX 78765 Principal place of business P.O. Box 49268, Austin, TX 78765

Please sign below! Officer, director, and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



1542194316608

SECTION A. Name, title, and mailing address of each officer, director, or member.

Table with 4 columns: Name, Title, Director (Yes/No), Term expiration (m m d d y y). Includes Niyanta Spelman, President, Austin, TX, 78751.

SECTION B. Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Table with 4 columns: Name of owned (subsidiary) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage of Ownership.

SECTION C. Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity.

Table with 4 columns: Name of owning (parent) corporation or limited liability company, State of formation, Texas SOS file number, if any, Percentage Ownership.

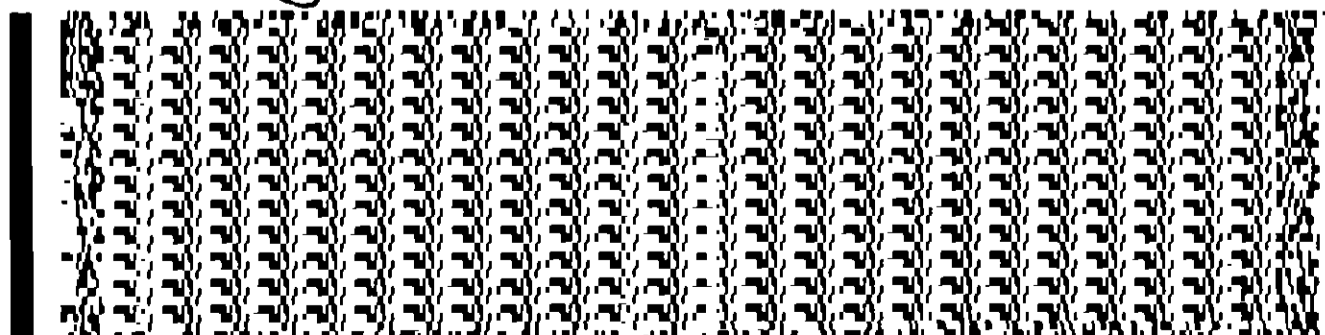
Registered agent and registered office currently on file. (See instructions if you need to make changes.) Agent: Niyanta Spelman Office: 3802 Avenue F City Austin State TX ZIP Code 78751

The above information is required by Section 171.203 of Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Niyanta Spelman Title President Date 08/25/2008 Area code and phone number 512-294-3331

Texas Comptroller Official Use Only



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08024619001110



05-102
(Rev. 1-08/28)
Code 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

(To be filed by Corporations and Limited Liability Companies (LLCS))
This report **MUST** be filed to satisfy franchise tax requirements

Franchise Number: 800616100

■ Taxpayer number

■ Report year

1 | 5 | 4 | 2 | 1 | 9 | 4 | 3 | 1 | 6 | 6 | 2 | 0 | 1 | 0

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer name
PPPMC, INC.

Mailing address
PO BOX 49268

City
AUSTIN

State
TX

ZIP Code
78765

Plus 4
9268

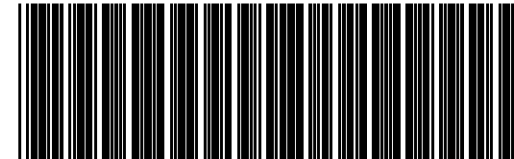
Secretary of State file number or
Comptroller file number

0800616100

Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office
3802 AVENUE F, AUSTIN, TX 78751

Principal place of business
3802 AVENUE F, AUSTIN, TX 78751



1542194316610

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Name NIYANTA SPELMAN	Title PRESIDENT	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address 3802 AVENUE F	City AUSTIN	State TX	ZIP code 78751
Name NIYANTA SPELMAN	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address 3802 AVENUE F	City AUSTIN	State TX	ZIP code 78751
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP code

SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
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Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: **NIYANTA SPELMAN**

Office: **3802 AVENUE F**

City
AUSTIN

State
TX

ZIP Code
78751

Blacken circle if you need forms to change the registered agent or registered office information.

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here Title **PRESIDENT** Date Area code and phone number **(512) 420 - 0101**



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