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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: CO	orys Thunder, Inc.	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the arti	cles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	* * * *	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Jody L. Ryan		
	Name	(Printed or typed)	
	1351 Tradeport Dri	ive	
	A	Address	
	Jacksonville FI 32		
_	• •	State & Zip	
	904-516-4170		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

laurie.ryan@corysthunder.com
E-mail address: (to be used for future annual report notification)

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

RTICLE I NAME of the corpora	NCIPAL OFFICE			
KIICLE II PRI	Principal street address	Mailing	Mailing address, if different is:	
1351 Tradeport Drive			•	
acksonville f	FL 32218			
RTICLE III PUR be purpose for which nd transport	tpose the corporation is organized is: to provide ation industries from the of	power plant and ra fice in Jackson	il simulators to the ene	
				
RTICLE IV SHA	4RES 100			
RTICLE IV SHA	4RES 100			
	ARES 100 Stock is: 100 TIAL OFFICERS AND/OR DIRECTOR			
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR			
RTICLE V INI	<i>tial officers and/or director</i> _{e:} Jody L. Ryan CEO	Name and Title:	SE SE	
	<i>tial officers and/or director</i> _{e:} Jody L. Ryan CEO 2026 Sea Palms West Dr.		14 HAR SECRE	
RTICLE V INI	<i>tial officers and/or director</i> _{e:} Jody L. Ryan CEO	Name and Title:	AR AR R	
RTICLE V INI	<i>tial officers and/or director</i> _{e:} Jody L. Ryan CEO 2026 Sea Palms West Dr.	Name and Title:	HAR 7 P	
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: Jody L. Ryan CEO 2026 Sea Palms West Dr. St. Simons Island GA 31522	Name and Title:	MAR 7 PH	
Name and Titl Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR e: Jody L. Ryan CEO 2026 Sea Palms West Dr. St. Simons Island GA 31522	Name and Title: Address: Name and Title:	MAR 17 PH 2: 44 GREDAY OF STATE LAHASSES FLOR DA	
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: Jody L. Ryan CEO 2026 Sea Palms West Dr. St. Simons Island GA 31522	Name and Title: Address: Name and Title:	MAR 7 PH	
Name and Titl Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR e: Jody L. Ryan CEO 2026 Sea Palms West Dr. St. Simons Island GA 31522	Name and Title: Address: Name and Title:	MAR 17 PH 2: 44 GREDAY OF STATE LAHASSES FLOR DA	
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Name and Titl Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR e: Jody L. Ryan CEO 2026 Sea Palms West Dr. St. Simons Island GA 31522	Name and Title: Address: Name and Title:	MAR 17 PH 2: 44 CRETARY OF STATE LAHASSES FLOR DA	
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Name and Titl Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR e: Jody L. Ryan CEO 2026 Sea Palms West Dr. St. Simons Island GA 31522	Name and Title: Address: Name and Title: Address: Name and Title:	MAR 17 PH 2: 44 CREINAY IF STATE LAHASSEE FLOR DA	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o Laurie Ryan	of the registered agent is:
Address:	1351 Tradeport Drive	_
	Jacksonville FL 32218	_
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Jody L. Ryan	_
Address:	1351 Tradeport Drive	_
	Jacksonville FL 32218	_
	um familiar with and accept the appointment as req	ss for the above stated corporation at the place designated in this capacity O3/12/2014
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a Paird degree felon	e true. I am aware that the false information submitted in my as provided for in s.817.155, F.S.
	11 /-19	03/12/2014
	Required Signature/Incorporator	Date

14 MAR 17 PH 2: 44
SECRETARY OF STATE
TALLAHASSEE FLORIDA