

P01000079973

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

SUBJECT: STORM INCORPORATED  
(Proposed corporate name - must include suffix)

900004527219-3  
-08/09/01-01059-005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

FROM: Jon C. Biggs  
Name (Printed or typed)  
3823 Armstrong Mill Rd.  
Address  
Vernon, FL 32462  
City, State, & Zip  
850-535-6310  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

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

Jon GAVE  
AUTHORIZATION BY PHONE TO  
CORP ST ART L  
DATE 8-14-01  
O & EXAM FC

F. GHESSER

AUG 1 4 2001

## 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:

STORM INCORPORATED

### ARTICLE II PRINCIPAL OFFICE

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

3823 Armstrong Mill Rd.  
Vernon, FL 32462

### ARTICLE III SHARES

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

25,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

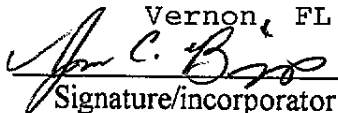
The name and Florida street address of the initial registered agent are:

Jon C. Biggs  
3823 Armstrong Mill Rd.  
Vernon FL 32462

### ARTICLE V INCORPORATION

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

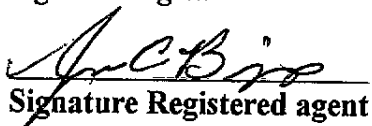
Jon C. Biggs  
3823 Armstrong Mill Rd.  
Vernon, FL 32462

  
Signature/incorporator

8-8-01  
Date

(An additional article must e 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 statues 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

8-8-01  
Date

SECRETARY OF STATE  
TALAHASSEE, FLORIDA

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