

P04000017448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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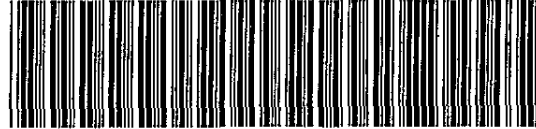
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JAN 20 PM 2:48
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: IMPACT DEVELOPMENT SYSTEMS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: TIMOTHY JON MITTS
Name (Printed or typed)

P.O. BOX 487
Address

NANUET, NY 10954
City, State & Zip

845 - 732 - 8150
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

IMPACT DEVELOPMENT SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 487
NANUET, NY 10954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ABRAHAM DUNCAN - PRESIDENT
681 CORONADO DRIVE
KISSIMMEE, FLORIDA 34759

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

TIMOTHY JON MITTS
5934 BENT PINE DRIVE
ORLANDO, FLORIDA 32857

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MITTS & COMPANY
P.O. BOX 487
NANUET, NY 10954

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-14-03

Date



Signature/Incorporator

1-14-03

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA