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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

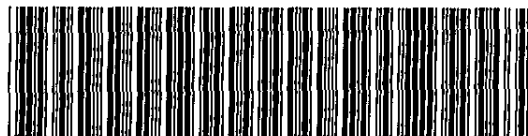
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TRANSMITTAL LETTER

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

SUBJECT: STORM Industries, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

David Montz

Name (Printed or typed)

7607 Maple St

Address

New Orleans, La 70118

City, State & Zip

941-875-4069

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:

STORM Industries, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7607 Maple St.
New Orleans, La. 70118

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

David Montz / 7607 Maple St, New Orleans, La 70118
Timothy Walker / 7607 Maple St, New Orleans, La. 70118

ARTICLE VI REGISTERED AGENT

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

DAVID MONTZ - 5210 S.W. OAKWOOD St Arcadio, FL 34242

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID MONTZ 607 Nyma Ave, Jefferson, La. 70121

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

Date

3-24-05

Signature Incorporator

Date

3-24-05