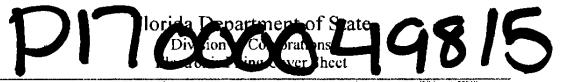
6/6/2017

Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (512)418-6949

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

Thunder Blues Corporation

Certificate of Status	0
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JUN 08 2017

K. Brumbley

COVER LETTER

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

SUBJECT:	THUNDER BLUES CORPORATION				
SUBJECT:	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDK SUFFIX)		
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	l a check for:		
☐ \$70.0 Filing Fe		□ \$78.75 Filing Fee & Cortified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL COPY REQUIR			
FROM:	Thunder Blues Corporation Name	e (Printed or typed)			
	c/o Sintra Capital Corp, 2100 South Ocean Blvd. Suite 204				
	Palm Beach, Florida 33480	rudiess			
	City,	State & Zip			
	212-478-7250				
	Daytime T	elephone number			
	jkardon@hahnhessen.com				
	E-mail address: (to be use	d for future annual report	notification)		

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: Thunder Blues Corpora	tion	
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if	different is;
c/o Sintra Capital Corp, 2100 South Ocean Blvd. Suite 204		
Palm Beach, Florida 33480		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	in any lawful act of activity for	
corporation may be organized pursuant to Chapter 607 I	Florida Statute.	
ARTICLE IV SHARES The number of shares of stock is:		7. JUN - 7 ECRETAR LLAHASS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
Name and Title:	Name and Title:	<u> </u>
Address	Address:	25 5
Name and Title:	Name and Title:	
Address		
Name and Title:	Namo and Title:	
Address	Address:	

Name a	nd Title:	Name and Title:		
Addres		Address:		
	REGISTERED AGENT Inrida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	C T Corporation System			
Address:	1200 South Pine Island Road	•		
, 100103¥.	Plantation, PL 33324			
				
	INCORPORATOR		·	
I he <u>pame and s</u>	ddress of the Incorporator is: Leslie Kirsner			
Name:	7	_		
Address:	c/o Hahn & Hessen LLP			
	488 Madison Avenue, NY, NY 10022			
ARTICLE YIII	EFFECTIVE DATE:			
Effective date, i	fother than the date of filing:	(OPITONAL	.)	
(If an effective filing.)	date is listed, the date must be specific and can	not be more than five days p	orior or 90 days after the	
Note: If the dat	e inserted in this block does not meet the applicate affective date on the Department of State's record	ole statutory filing requirements.	a, this date will not be listed as	
Having been na this certificate, I	nied as registered agent to accept service of proc am familiar with and gecept the appointment as	ess for the above stated corpo registered agent and agree to c	ration at the place designated i act in this capacity	
C T Corporation	oe vi		6/6/17	
	Required Signature/ASSISTANTE	ecretary	Date	
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	re true. I am aware that the j ony as provided for in s.817.1	false information submitted in 55, F.S.	
	Our Some		June 6, 2017	
Requ	ired Signature/Incorporator		Date	