TRANSMITTAL LETTER

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

	IMPACTS ASSOCIATES, INC.	
SUBJECT: _	(Proposed corporate name - must include suffix)	123 3 .75

Enclos for :	ed is an original	and one (1) co	py of the articles of	f incorporation a	and a check
	(\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	
FROM: C. BARCL AY WHITMORE Name (printed or typed)					
2510 LINDEN TREE ST. Address					
SEFFNER, FL. 33584 City, State & Zip					Ç.
		813 - C Daytime	69-5313 Telephone number		

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

GIVISION OF STATE OF

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TMPACTS, ING. CA

IMPACTS ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

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

2510 LINDEN TREE ST. SEFFNER, FL. 33584

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

CIBARCLAY WHITMORE 2510 HNDEN TREE ST. SEFFNER, FL. 33584

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

'The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CIBARCLAY WHITMORE PRESIDENT SEPTHER, FL. 33584

SOKEPH B, LOVETT DIRECTOR 8593 South N/C 58 ELM CITY, N.C. 27821

JOHN JEPPBON DIRECTOR 4410 MASSACHUSETTS AVE. SUITE 402 WASHINGTON, D.C. 20016

KATE HARRISON DIRECTOR 3882 IRWINST. GROVE CITY, OHIO 43123

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of MARCH , 19 5	
Color white Signature	MIZE
Signature	
Signature	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	IMPACTS, THE.	IMPACTS /	
		IMPACTS AS	sociates, 1	NC.
2.	The name and address of the reg	sistered agent and office is:		;
	<u>C1BAF</u>	CLAY WHITMORE (NAME)		97 HAR 31
	2510 (P.O.)	HNDEN TREE 57 BOX OF MAIL Drop BOX NOT ACCEPTA	ABLE)	LA 10:
	SEF	PNER D. 33584	}	Tions 25

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 statutes 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.

C. Barelory Whitmare 3-24-97
(SIGNATURE) (DATE)