## P988888889179

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	Extren	nely Impr	ESSIVE I	no.
SUBJECT:	(Proposed corpor	rate name - must include su	W 1/15)	<del></del> .
	• .	-	7000026 -10/16/9 ****122	65187—-0 801030009 .50 *****78.75
Enclosed is an original ar	nd one(1) copy of the articles	s of incorporation and a	check for :	_
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	:	ADDITIONAL CO	PY REQUIRED	
FROM:	LAVERN COARDS	inted or typed)	<del></del>	
	4736 Wypmwa	G AVENUE	<del></del>	SECRETARY DIVISION OF C
	TAMPA, Fl	State & Zip	- <u></u>	
	(813) 234- Judaylime Te	lephone number	-4569	STATE ORATIONS 9: 57

10,00

## ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE I

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

Extremely Impressive Inc.	S.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
4736 Wyoming Auc. Tampa, Flis 33616	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
1 Share	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:	
Lavern Coarde, Williams	
4736 Wyoming Ave	
ARTICLE VA INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
Lavern Coarde Williams	
4236 Wyoming Ave	
4736 Wyoming AUCS Tampa, Fl. 38616	
Laver Coarde Willia 9/00/98	
Signature/Incorporator Date	
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(An additional article must be 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 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

Signature/Registered Agent