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G-I-M-M-E.com INC

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

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		rate name - must include smil	
Enclosed is an origin \(\begin{align*}	al and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL COF	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Name (Pr	cinted or typed)	E
	CORAL SPRINGS	State & Zip	ITE QUE
	954-255	- 00 /0	FILE 99 MAY -3 SECRETARY (ALLAHASSEE

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.		SECH	99 MA	
ARTICLE I NAME The name of the corporation shall be:	<u>:</u>	AHASSEE	<u>-</u>	F
G-I-M-M-E.com INC.	===	FSTA FLOF	=	D
ARTICLE II PRINCIPAL OFFICE. The principal place of business and mailing address of this corporation shall be:		ADA	19	
10191 W. JAMPLE ROAD JUITE 218 CORAL SPRINGS, FL. 33065		· -	٠.	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding a ONE MILLION TWO HUNDRED THOUSAND (1,200,000) COMMON STOCK	at any	one tin	ne is:	· · · · · · · · · · · · · · · · · · ·
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDI	RESS	3		
The name and Florida street address of the initial registered agent are: DAVID HAMMER 10191 W. SAMPLE ROAD SUITE 218 CORAL SPRINGS, FL 33065		.	· A	To the same of the
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:		-		·
DAVID HAMMER 10191 W. JAMPLE ROAD SUITE 218 CORAL SPRINGS, FL., 33065			 - . :	:
David Hammer 4/20/9	19			
Signature/Incorporator D	Pate			

(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/Řegistered Agent

Date