P99000047511

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

	rate name - must include suffix)
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:	
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee Filing Fee, & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
FROM: THOMAS C. HAR Name (Pr Z641 ABALONE	rinted or typed)
407 - 568 -	State & Zip - 1976 Telephone number OFRECT ATTOM BY PHONE TOTAL CONTROL OF THE CONTROL OF T

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.

ARTICLE I NAME The name of the corporation shall be: SUDDEN IMPACT MARKETING & SALES, Jinc.
The name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: 2641 ABALONE BLVD DELANDO, FL 32833-4336
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES @ NO PAR VALUE
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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: Thomas C. HARMON 2641 ABALONE BLVD. ORLANDO, FL. 32833-4336
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are: THOMAS C. HARMON 2041 ABALONE BLUD DELANDO, FZ 32833-4336
(1)
Md.A 5/17/99
Signature/Incorporator Date

(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

Date