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(Business Entity Name)

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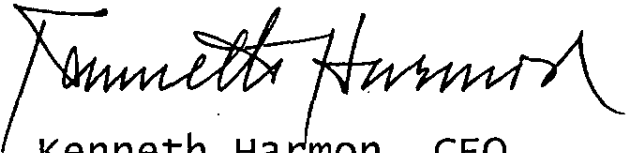
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NOV 15 2016

Untitled

To Who It May Concern:

I have no intention of reinstating the dissolved corporation and thereby release the name. If you have any questions, please do not hesitate to contact me on my mobile.

Thanks,



Kenneth Harmon, CEO  
Ally Marketing Inc  
407-595-2125

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**COVER LETTER**

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

**SUBJECT:** ALLY MARKETING INC  
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** KENNETH HARMON  
Name (Printed or typed)  
8296 PORTOFINO DR, STE 403  
Address  
CHAMPIONSGATE, FL 33896  
City, State & Zip  
407-595-2125  
Daytime Telephone number  
KENTHEBUGMAN@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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**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: ALLY MARKETING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8296 PORTOFINO DR, STE 403  
CHAMPIONSGATE, FL 33896

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

TO OFFER MARKETING SERVICES TO COMPANIES IN 3 INDUSTRIES: PEST CONTROL, HOME AUTOMATION  
AND/ OR RESIDENTIAL SECURITY.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KENNETH HARMON, CEO/ PRES

Name and Title: \_\_\_\_\_

Address 8296 PORTOFINO DR, STE 403

Address: \_\_\_\_\_

CHAMPIONSGATE, FL 33896

\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SECRETARY OF STATE  
FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: KENNETH HARMON  
 Address: 8296 PORTOFINO DR, STE 403  
CHAMPIONSGATE, FL 33896

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: KENNETH HARMON  
 Address: 8296 PORTOFINO DR, STE 403  
CHAMPIONSGATE, FL 33896

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Kenneth Harmon* \_\_\_\_\_ 11/10/2016  
 Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Kenneth Harmon* \_\_\_\_\_ 11/10/2016  
 Required Signature/Incorporator Date