

### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000060012 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : 119990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

### FLORIDA PROFIT CORPORATION OR P.A.

WEST PALM HURRICANE SHUTTERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

## H000000600125.

#### ARTICLES OF INCORPORATION

OF

### WEST PALM HURRICANE SHUTTERS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the state of Florida.

#### ARTICLE I

The name of this corporation shall be:

#### WEST PALM HURRICANE SHUTTERS, INC.

#### ARTICLE II

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate

Name:

Deathiz Hurales 4080 S.W 84 AUE MIAHI FL 32135 (305)485.93(X)

WEST PALM HURRICANE SHUTTERS, INC.

H CCC0000600122

# 4000000 600122

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00

Unless otherwise stated in these articles or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

LUIS A MONTALVO 8725 NW 117 ST BAY 15 HIALEAH, FL, 33018

The principal office shall be:

8725 NW 117 ST BAY 15 HIALEAH, FL. 33018

MOCO000 600155

## HCCCCC 0600122

#### ARTICLE VI

The initial Board of Directors shall consist of a total of FOUR (04) person, and the name and address of the person who is to serve as an initial director is:

LUIS A MONTALVO 8725 NW 117 ST BAY 15 HIALEAH, FL. 33018

**PRESIDENT** 

JOSE JAVIER LEON 8725 NW 117 ST ST BAY 15 HIALEAH, FL. 33018

VICEPRESIDENT

CARLOS A RODRIGUEZ 8725 NW 117 ST BAY 15 HIALEAH, FL. 33018

**SECRETARY** 

ALVARO LOZANO 8725 NW 117 ST BAY 15 HIALEAH, FL. 33018

TREASURE

The name and address of the incorporator executing these articles of incorporation

LUIS A MONTALVO 8725 NW 117 ST BAY 15 HIALEAH, FL. 33018

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 15 days of NOVEMBER. 2000

LUIS AMONTALVO

PRESIDENT

H00000000122

# HC000000122

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

### WEST PALM HURRICANE SHUTTERS, INC.

2. The name and address of the registered agent end office is:

LUIS A MONTALVO 8725 NW 117 ST BAY 15 HIALEAH, FL. 33018 DIVISION OF CURPUKATIONS

ON NOV 15 PM 3: 18

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 AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

**SIGNATURE** 

Dated: NOVEMBER 15, 2000

HU0000000122