

P06000118114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

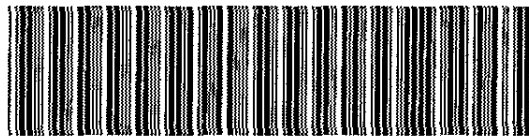
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700079677747

09/12/06--01050--001 \*\*70.00

FILED  
06 SEP 12 PM 4: 12  
TALLAHASSEE, FLORIDA

9/13  
SAH

**COVER LETTER**

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

**SUBJECT:** American Storm Guard, Co.  
(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:** Ivan Cid  
Name (Printed or typed)

6640 SW 12 Street, #2  
Address

West Miami, FL 33144  
City, State & Zip

786-457-2605  
Daytime Telephone number

**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:  
American Storm Guard, Inc.

FILED  
-06 SEP 12 PM 4:12  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
6640 SW 12 Street, #2  
West Miami, Florida 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Installation of hurricane storm shutters

**ARTICLE IV SHARES**

The number of shares of stock is:  
1

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

List name(s), address(es) and specific title(s):  
Cid, Ivan 6640 SW 12 Street, #2, West Miami, Florida 33144 President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Cid, Ivan 6640 SW 12 Street, #2, West Miami, Florida 33144

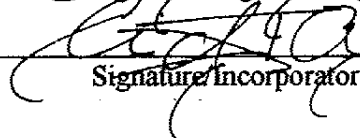
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Cid, Ivan 6640 SW 12 Street, #2, West Miami, Florida 33144

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent

9/5/2006  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/5/2006  
\_\_\_\_\_  
Date