

P/2000054885

(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



200236217072

06/15/12--01023--002 \*\*70.00

FILED  
12 JUN 15 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 06/19/12

June 7, 2012

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

Re: Hurricane Zone Inc  
P07000044097

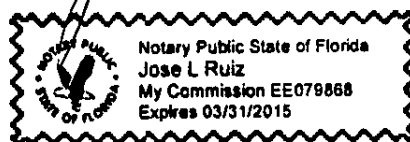
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305-595-2407.

Sincerely,

  
Sergio A. Restrepo



**COVER LETTER**

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

**SUBJECT: HURRICANE ZONE 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: MARIA E RUIZ**  
Name (Printed or typed)

**7750 SW 117 AVE SUITE 201F**  
Address

**MIAMI, FLORIDA 33183**  
City, State & Zip

**305 595-2407**  
Daytime Telephone number

**mariaquiros9@hotmail.com**  
E-mail address: (to be used for future annual report notification)

**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** HURRICANE ZONE INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
8597 S.W. 109 AVE  
MIAMI, FLORIDA 33173

Mailing address, if different is:  
7750 SW 117 AVE SUITE 201F  
MIAMI, FLORIDA 33183

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
ANY AND ALL LEGAL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 @ \$1.00 ea

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

Name and Title: Sergio A. Restrepo President Name and Title: \_\_\_\_\_  
Address: 8597 S.W. 109 Ave Address: \_\_\_\_\_  
Miami, Florida 33173  
  
Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
  
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: Sergio A. Restrepo  
Address: 8597 S.W. 109 Ave  
Miami, Florida 33173

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sergio A. Restrepo  
Address: 8597 S.W. 109 Ave  
Miami, Florida 33173

FILED  
12 JUN 15 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Sergio A. Restrepo Required Signature/Registered Agent Date: 06/08/2012

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.

Sergio A. Restrepo Required Signature/Incorporator Date: 06/08/2012