Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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WEED OF COMMERCIAL
MERCHATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION STORM GROUP INC.

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Corporate Filing Menu

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JUN 1 9 2017

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE II PRIN	CIPAL OF FICE			
1 200			ing address, if different is:	
DYNTON BEACH, FL 33435		3505 SOUTH FEDERAL HIGHWAY STE		
		BOYNTON BEACH, FL 33435		
CLE III PURP ourpose for which	OSE the corporation is organized is:			
	es set forth and permitted under and Florida	corporation law		
	•		•	
CLE IV SHAR	ES 200 NPV		·	
CLE IV SHAR mber of shares of	ES 200 NPV stock is:		<u></u>	
mber of shares of	ES 200 NPV stock is: AL OFFICERS AND/OR DIRECTORS	· · · · · ·	17.00	
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mber of shares of	Stock is: AL OFFICERS AND AOR DIRECTORS DENNIS PATRICK LAVIN II, Director 3505 SOUTH FEDERAL HWY STE C		^ <u>.</u>	
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Name and Title Name and Title Address	Stock is: AL OFFICERS AND/OR DIRECTORS DENNIS PATRICK LAVIN II, Director 3505 SOUTH FEDERAL HWY STE C BOYNTON BEACH, FL 33435	Name and Title:		

Name	and Title:	Name and Title:
Addr	css	Address:
ARTICLE VI The name and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	DENNIS PATRICK LAVIN II	
Addr e ss:	3505 SOUTH FEDERAL HWY STE C	
	BOYNTON BEACH, FL 33435	
<u>ARTICLE VII</u>	INCORPORATOR	
The <u>name and </u>	address of the Incorporator is:	-
Name:	DENNIS PATRICK LAVIN II	
Address:	3505 SOUTH FEDERAL HWY STE C	***
	BOYNTON BEACH, FL 33435	~~·
	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
	date is listed, the date must be specific and cann	ot be more than five business days prior or 90 business
Note: If the date	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
laving been na	·	s for the above stated corporation at the place designated in
,		06/16/17
	Notified Signal Registered Agent	Date
submit this doc ocument to the	cume nt a nd affirm that the facts stated herein are Department of State Constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
		06/16/17
Requi	red Signature/Incorpdomer	Date