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Division of Corporations

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Florida Department of State  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**ALL TYPE HURRICANE PROTECTION, INC.**

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# **APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

**1. All Type Hurricane Protection, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Delaware**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. 12/09/2005**

(Date of incorporation)

**5.**

**perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 8035 Blacken Lane, Viera, FL 33940**

(Principal office address)

**8035 Blacken Lane, Viera, FL 33940**

(Current mailing address)

**8. Hurricane protection service & Installation of hurricane shutters**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **Registered Agents Legal Services, Inc.**

Office Address: **1333 North Duval Street**

**Tallahassee**

(City)

, Florida **32303**

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

**12. Names and business addresses of officers and/or directors:**

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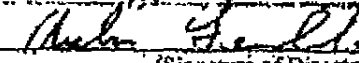
**A. DIRECTORS**Chairman: Andrew FernaldAddress: 8035 Blacken Lane  
Viera, FL 33940Vice Chairman: Thomas LechleitnerAddress: 513 NW Waverly Circle  
Port St. Lucie, FL 34953Director: Andrew FernaldAddress: 8035 Blacken Lane  
Viera, FL 33940Director: Thomas LechleitnerAddress: 513 NW Waverly Circle  
Port St. Lucie, FL 34953**B. OFFICERS**President: Andrew FernaldAddress: 8035 Blacken Lane  
Viera, FL 33940Vice President: Thomas LechleitnerAddress: 513 NW Waverly Circle  
Port St. Lucie, FL 34953

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13.   
(Signature of Director or Officer listed in number 12 of the application)14. Andrew Fernald, President  
(Typed or printed name and capacity of person signing application)

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*Delaware*

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*The First State*

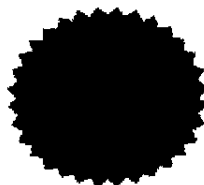
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALL TYPE HURRICANE PROTECTION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL TYPE HURRICANE PROTECTION, INC." WAS INCORPORATED ON THE NINTH DAY OF DECEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4074405 8300

060096556



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 4492954

DATE: 02-01-06

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