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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

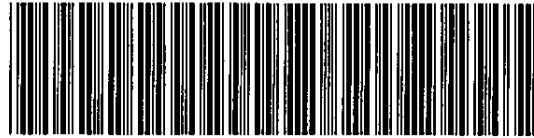
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TALLAHASSEE, FLORIDA

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COVER LETTER

SECRETARY OF STATE
TALLAHASSEE, FLORIDATO: New Filing Section
Division of CorporationsSUBJECT: HURRICANE ACTION RESPONSE TEAM, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOSEPH GUARACINO

(Name of Person)

HURRICANE ACTION RESPONSE TEAM, INC.

(Firm/Company)

10200 WEST STATE ROAD 84 SUITE 102

(Address)

DAVIEFL33324

(City/State and Zip code)

For further information concerning this matter, please call:

JOSEPH GUARACINO

(Name of Person)

at 954 410 9272

(Area Code & Daytime Telephone Number)

Lee Ann Roberts

954-577-2250

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Inclosed is a check for the following amount:

☐ \$70.00 Filing Fee☒ \$78.75 Filing Fee &
Certificate of Status☐ \$78.75 Filing Fee &
Certified Copy☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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. HURRICANE ACTION RESPONSE TEAM, 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 3. 030598488
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 060906 5. PERPETUAL
(Date of incorporation) (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. 10200 WEST STATE ROAD 84 SUITE 102 DAVIE FL
(Principal office address) 33304

SAME
(Current mailing address)

8. CONSULTING BUSINESS
(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: F SCOTT KISTEL ESQ
Office Address: 1040 Bayview Drive #530
Fort Lauderdale, Florida 33304
(City) (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.

[Signature]
(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.

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TALLAHASSEE, FLORIDA

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

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A. DIRECTORS

Chairman: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOSEPH GUARACINO, CEOAddress: 110200 WEST STATE ROAD 84, SUITE 102
DAVIE, FL 33324Vice President: N/A

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X  _____

(Signature of Director or Officer listed in number 12 of the application)

14. Joseph Guaracino President/CEO

(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HURRICANE ACTION RESPONSE TEAM 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2006.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



4172447 8300

061002727

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5201633

DATE: 11-16-06