

F110000005025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

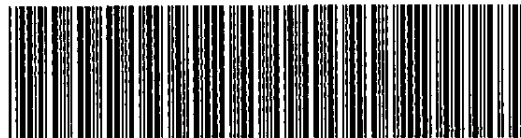
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/28/11--01042--005 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 14 AM 11:16

611-59466  
PS 12/15/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2011

BURTON G TREMAINE, III  
P O BOX 643307  
VERO BEACH, FL 32964

TO FAX  
cert.

SUBJECT: STORM SOLUTIONS, INC. OF FLORIDA  
Ref. Number: W11000059966

We have received your document for STORM SOLUTIONS, INC. OF FLORIDA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 511A00026780

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11 DEC - 9  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Storm Solutions, Inc. of Florida

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," or "Certificate of Good Standing" 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:

Burton G. Tremaine, III

Name of Person

Storm Solutions, Inc.

Firm/Company

P.O. Box 643307

Address

Vero Beach, FL 32964

City/State and Zip code

office@stormsolutionsusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Whanger

Name of Person

at ( 888 ) 735-6789

Area Code & Daytime Telephone Number

**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

Enclosed 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. STORM SOLUTIONS, INC.

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

STORM SOLUTIONS OF CT, INC.

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

2. Connecticut

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

3. 26-3554290

(FEI number, if applicable)

4. October 14, 2008

(Date of incorporation)

5. perpetual

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

6. December 1, 2011

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

7. 11 Dolphin Drive, Vero Beach, FL 32960

(Principal office address)

P.O. Box 643307, Vero Beach, FL 32964

(Current mailing address)

8. Sell Storm Protection

(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: Barbara Whanger

Office Address: 11 Dolphin Drive

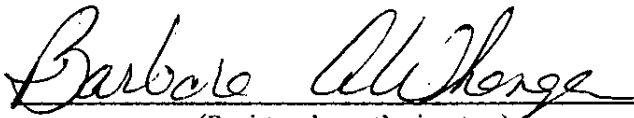
Vero Beach, Florida 32960

(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.*



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

**A. DIRECTORS**

Chairman: Burton G. Tremaine, III

Address: 105 North Main Street  
Essex, CT 06426

Vice Chairman: Barbara Tremaine

Address: 105 North Main Street  
Essex, CT 06426

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Burton G. Tremaine III

Address: 105 North Main Street  
Essex, CT 06426

Vice President: Barbara S. Tremaine

Address: 105 North Main Street  
Essex, CT 06426

Secretary: Barbara S. Tremaine

Address: 105 North Main Street, Essex, CT 06426

Treasurer: Barbara S. Tremaine

Address: 105 North Main Street, Essex, CT 06426

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

13. Barbara A. Whanger Burton G. Tremaine III  
Signature of Director or Officer President

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Barbara A. Whanger

Burton G. Tremaine III, President  
(Typed or printed name and capacity of person signing application)

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Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that the certificate of incorporation of

STORM SOLUTIONS, INC.

a domestic STOCK corporation, was filed in this office on October 14, 2008, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: December 14, 2011

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DIVISION OF CORPORATIONS  
11 DEC 14 AM 11:16

Business ID: 0952275

Express

Certificate Number: 2011304446001

Note: To verify this certificate, visit the web site <http://www.concord.sots.ct.gov>