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TRANSMITTAL LETTER

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

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-04/10/00--01106--003
*****78.75 *****78.75

SUBJECT: Absolute Storm Protection, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Thomas Jacobsen
Name (Printed or typed)

11054 SW 16th Manor
Address

Davie, FL 33324
City, State & Zip

954-768-9400
Daytime Telephone number

FILED
00 APR 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

4-17-00
2
NC
copy

ARTICLES OF INCORPORATION

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

FILED
00 APR 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Absolute Storm Protection, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

20340 NE 15 Court
North Miami Beach, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Storm Shutter Installation (For Profit)

ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares authorized (common); 100 common shares issued, $1.00 par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Thomas Jacobsen, President/Owner
11054 SW 16th Manor
Davie, FL 33324

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Cynthia Phelps, Accountant, Inc.
1975 E. Sunrise Blvd., Suite 758
Fort Lauderdale, FL 33304

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Same as Article V

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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

Cynthia Phelps dba Cynthia Phelps, Accountant, Inc. 3/31/00
Signature/Registered Agent — Date

X _____
Signature/Incorporator

X 4-3-00
Date