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



SUBJECT: HURRICANE SPECIALISTS, INC.
(Proposed corporate name - must include suffix)

FROM:

E.O. VON ZAMFT

E.O. VON ZAMFT

Name (printed or typed)

17190 JUPITER FARMS RD.

Address

JUPITER, FLORIDA 33478

City, State & Zip

561-630-7213

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

Daytime Telephone number

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: HURRICANE SPECIALISTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17190 Jupiter Farms Rd. Jupiter, Fl. 33478

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

300 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SPIKE VON ZAMFT 17190 Jupiter Farms Rd. Jupiter, F1. 33478

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

E. O. VON ZAMFT, Secretary, Treasurer 17190 Jupiter Farms Rd. Jupiter, F1, 33478

HELEN HOWARD, President 17190 Jupiter Farms Rd. Jupiter, F1. 33478

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. T	The name of the corporation is:_	HURRICANE SPECIALISTS,	INC.
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			52 8
2. T	The name and address of the re	gistered agent and office is:	FILE AR 24
	SPIKE VOI	20	
		(Name)	?
	17190 JUI	PITER FARMS RD.	11 S
	(P.C). Box not acceptable)	
	JUPITER,	FL. 93478	
		(City/State/Zip)	
Have abov the a to co mand as re	ing been named as registered a ve stated corporation at the place appointment as registered agen amply with the provisions of all s ce of my duties, and I am familia agistered agent.	gent and to accept service of ce designated in this certifica t and agree to act in this cap statutes relating to the prope or with and accept the obligat	of process for the nte, I hereby accept acity. I further agree or and complete perfor tions of my position
	had a single service of the service		

(Signature)

4/20/00

(Date)