

TRANSMITTAL LETTER

P00000053096

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

SUBJECT: The Hurricane Shield Corporation
(proposed corporate name - must include suffix)

400003273584--3
-06/01/00--01055--016
*****78.75 *****78.75

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

RECEIVED

00 JUN -1 PM 12:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Tom Pelton

Name (Printed or typed)

6 Dogwood Dr.

Address

Homosassa, FL 34446

City, State & Zip

(352) 382-3423

Daytime Telephone number

Will Wait

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN -1 PM 12:51

APPROVED
AND
FILED

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

15

ARTICLES OF INCORPORATION

of

The Hurricane Shield Corporation

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

The Hurricane Shield Corporation

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	The Hurricane Shield Corporation		
	6 Dogwood Drive		
CITY	Homosassa	FLORIDA	ZIP 34446

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Thomas Pelton		
ADDRESS	6 Dogwood Drive		
CITY	Homosassa	FLORIDA	ZIP 34446

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Thomas Pelton		
ADDRESS	6 Dogwood Drive		
CITY	Homosassa	STATE	Florida
		ZIP	34446
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Thomas Pelton		
ADDRESS	6 Dogwood Drive		
CITY	Homosassa	STATE	Florida
		ZIP	34446
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

The undersigned incorporator(s) have executed these Articles of Incorporation this May
day of 30, 2000

Tom Pelton (Signature)

____ (Signature)

____ (Signature)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

The Hurricane Shield Corporation

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 6 Dogwood Drive

Homosassa, Florida 34446

has named Thomas Pelton

located at the aforesaid address, as its registered agent to accept service of process within this state.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tom Pelton
(Signature)

6/1/00
(Date)