October 12, 2000 OCT 16 AM 10: 32

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SECKETARY OF STATE TALLAHASSEE, FLORIDA

> 200003425842--4 -10/16/00--01061--009 *****78.75 ******78.75

Subject: Hurricane Inspection Services Inc.

Enclosed is an original and one(1) copy of the articles of incorporation and a check for \$78.75 (Filing Fee & Certificate of Status).

From: Gail Espenschied

1736 SW Biltmore St. Port St. Lucie, FL 34984

(561)878-0488

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ARTICLES OF INCORPORATION

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

FILED

I. The name of the Corporation shall be and is: Hurricane Inspection Services Inc.

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II. The principal place of business and mailing address of this Corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1736 SW Biltmore Street

Port St. Lucie, FL 34984

III. The number of shares of stock of the Corporation shall be One Hundred (100) Shares of common stock, each having a par value of One and no/100 (\$1.00) Dollar for a total authorized capitalization of One Hundred and no/100 ((\$100.00) Dollars. Each of such shares shall be entitled to One (1) vote and no other classes of stock are authorized.

IV. The name and Florida Street address of the initial registered agent are:

Gail Espenschied

1736 SW Biltmore Street

Port St. Lucie, FL 34984

V. The name and address of the incorporator to these Articles of Incorporation are:

Gail Espenschied

1736 SW Biltmore Street

Port St. Lucie, FL 34984

Signature/Incorporator

Date

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.

Signature/Registered Agent

Date