

TRANSMITTAL LETTER

P00000112452

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

SUBJECT: Contractors Hurricane Protection, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600003475716--5  
-11/27/00--01096--013  
\*\*\*\*\*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

FROM: John R. Dulaney  
Name (Printed or typed)

8537 Mustang Drive  
Address

Naples, FL. 34113  
City, State & Zip

(941) 775-2784  
Daytime Telephone number

FILED  
00 DEC -7 AM 8:01  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

W-28045  
g/11/28



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

November 28, 2000

JOHN R. DULANEY  
8537 MUSTANG DR.  
NAPLES, FL 34113

SUBJECT: CONTRACTORS HURRICAN PROTECTION, INC.  
Ref. Number: W00000028045

We have received your document for CONTRACTORS HURRICAN PROTECTION, INC. 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of 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) 487-6878.

Alan Crum  
Document Specialist

Letter Number: 600A00060437

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

Contractors Hurricane Protection, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8537 Mustang Drive  
Naples, FL. 34113

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hurricane Shutter Distribution

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

John R. Dulaney  
8537 Mustang Drive  
Naples, FL. 34113

## ARTICLE VI REGISTERED AGENT

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

John R. Dulaney  
8537 Mustang Drive  
Naples, FL. 34113

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John R. Dulaney (941) 775-2784  
8537 Mustang Drive  
Naples, FL. 34113

\*\*\*\*\*  
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

Signature/Registered Agent

Date

12/05/2000

Signature/Incorporator

Date

11/20/2000

John R. Dulaney

FILED  
00 DEC -7 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA