

TRANSMITTAL LETTER

Pol 000026420

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

SUBJECT: HURRICANESAFE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR 12 PM 12:24

FILED

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: SAMUEL ZAZA c/o C-2-C Safety & Security
Name (Printed or typed)

1532 SE VILLAGE Green Dr Unit C
Address

Port St. Lucie, FL 34952
City, State & Zip

561-337-3338 - 561-263-1410
Daytime Telephone number

SAMUEL ZAZA GAVE

AUTHORIZATION BY PHONE TO
CORRECT R.A. Name
DATE 3-14-01
DOC. EXAM g

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*****87.50 *****87.50

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

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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:

HURRICANE SAFE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1532 SE VILLAGE GREEN DRIVE UNIT C
PORT ST. LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HURRICANE SHOOTERS

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

SAMUEL A. ZAZA 1532 SE VILLAGE GREEN DR UNIT C
PT. ST. LUCIE, FL 34952

AARON J. CHANDLER 1532 SE VILLAGE GREEN DR UNIT C
PT. ST. LUCIE, FL 34952

ARTICLE VI REGISTERED AGENT

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

SAMUEL ZAZA
1532 SE VILLAGE GREEN DR UNIT C
PORT ST. LUCIE, FL 34952

ARTICLE VII INCORPORATOR

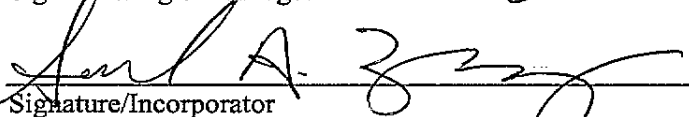
The name and address of the Incorporator is:

SAMUEL ZAZA
1532 SE VILLAGE GREEN DR. UNIT C
PORT ST. LUCIE, FL 34952

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

3-9-01
Date


Signature/Incorporator

3-9-01
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA