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(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
Ф	cument Number)	
(50	ourness (various)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

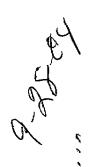
Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	Urricane Hera	dquarters	Inc.
Enclosed are an orig	(PROPOSED CORPORA)	TE NAME - MUST INCLU	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	1415 FA	Printed or typed) CON Rd.	
	(941) 2	FL 342 State & Zip 23-0744	793 '

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

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 Hendquarters, Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1415 FAICON ROAD, Venice, FL 34293
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Hurrichne Service referrals - Hurrichne Information Hurrichne Supplies - Hurrichne Souverins + T-Shirts ARTICLE IV SHARES The number of shares of stock is: 1,000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): William H. VAeretti - Director 27 27 27 27 27 27 27 27 27 27 27 27 27
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: William H. VAerchi 1415 Falcon Rd Venice 1 FL, 34293 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: William H. VAeretti 1415 Falcon Rd Venice FL 34293
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 Signature/Incorporator Date