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W.W.

TRANSMITTAL LETTER

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

SUBJECT:	GULF 2	O AST	HURRICAN E	Shield	INO.	
			eles of incorporation and			
\$70.0	/		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: BARRY Knoth Name (Printed or typed)						
		PALV	n View Rd	/		
SARASOTY FC 34240 City, State & Zip						
941 · 341 · 0468 Daytime Telephone number						

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: GULF COAST HURRICANE Shreld Ind. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: MOTIMA Address: PO BOX 50594 1737 RAIM VIEW RA SAMASONA, FL 34240 ARTICLE III SARASONA, FL The purpose for which the corporation is organized is: HURRICANE Shutter Instantani 34232 ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): BARRY Knoth 1737 PAIM VIEW Rd SARASOTA, FC 34240 ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: BARRY KNOTH 1737 PAIM VIEW RD SARASONA, FL 34240 ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: BARRY KNOTH 1737 PAlm VIEWRD SDEBSONA, KL 34240 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 10-12-09 Date

Signature/Incorporator

10 -12 - 04 Date