

POS000098270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800057186818

11/12/05--01023--006 \*\*78.75

05 JUL 12 AM 9:15  
J. Shivers

J. Shivers JUL 14 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** EXTREME HURRICANE CONSULTANT, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:** EXTREME HURRICANE CONSULTANT, INC.

Name (Printed or typed)

445 N W 115 WAY

Address

CORAL SPRINGS, FLORIDA 33071

City, State & Zip

954-298-8814

Daytime Telephone number

05 JUL 12 AM 9:15  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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:

EXTREME HURRICANE CONSULTANT, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

445 N W 115 WAY  
CORAL SPRINGS, FL 33071

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONSULT AND SERVICE AND DO HURRICANE PROTECTION AND SHUTTERS.

### ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF CS

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

VINCENT CRAWFORD, PRESIDENT, OFFICER  
445 N W 115 WAY  
CORAL SPRINGS, FL 33071

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

VINCENT CRAWFORD  
445 NW 115 WAY  
CORAL SPRINGS, FL 33071

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VINCENT CRAWFORD  
445 NW 115 WAY  
CORAL SPRINGS, FL 33071

\*\*\*\*\*

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

05 JUL 12 AM 9:16

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS