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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : STANLEY A. GOLDSMITH, ATTORNEY AT LAW
Account Number : 120000000069
Phone : (941)955-4990
Fax Number : (941)955-4997

FLORIDA PROFIT CORPORATION OR P.A.

HURRICANE MAN, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

of

HURRICANE MAN, INC.

FIRST:

The name of the Corporation shall be HURRICANE MAN, INC.. The principal mailing address of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the Corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The Corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The Registered Agent for the Corporation shall be:

STANLEY A. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

SIXTH:

To the Incorporator of HURRICANE MAN, INC.:


I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

10/14/03
Date


Stanley A. Goldsmith

SEVENTH:

The Incorporator of HURRICANE MAN, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:


STANLEY A. GOLDSMITH
1605 Main Street
Suite 1001
Sarasota, Florida 34236

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TAMPA, FLORIDA

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EIGHTH

The initial Board of Directors of the Corporation shall consist of one (1) member:

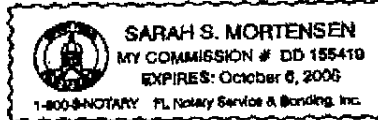
STEVEN A. JOHNSON
1748 Independence Boulevard
#F4
Sarasota, Florida 34234

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of HURRICANE MAN, INC., were acknowledged before me this 14 day of October, 2005, by STANLEY A. GOLDSMITH as Incorporator and Registered Agent. He is personally known to me or has produced _____ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

Sarah S. Mortensen
Signature of Notary Public



Print Name of Notary Public
I am a Notary Public of the State of _____,
and my commission expires on _____.

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