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TO:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-8870 Fax Number : (850)224-7047

### FLORIDA PROFIT CORPORATION OR P.A.

CYCLONE STORM SHIELD, INC.

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## ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

## CYCLONE STORM SHIELD, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME



The name of the corporation is CYCLONE STORM SHIELD, INC.

The effective date of this corporation is November 1, 2005. The purpose of this corporation is to develop, manufacture, and sell hurricane protection products and any lawful business authorized in the state of Florida.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 14692 Seminole Trail, Seminole, FL 33776.

#### ARTICLE III: CAPITAL STOCK

The total number of shares of stock that this corporation is authorized to have outstanding at any one time is two hundred (200) shares having a par value of (\$100.00) per share.

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#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Milena M. Smith, 14692 Seminole Trail, Seminole, FL 33776.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is President/ CEO: Ronald W. Belanger, 4 Nauset Lane, Unionville, CT 06085; Vice-President/ Treasurer: Milena M. Smith, 14692 Seminole Trail, Seminole, FL 33776.

#### ARTICLE VII: SPECIAL PROVISIONS

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 4th day of November 2005. Your Capital Connection, Inc., by Stacey Piland, Client Representative

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is Cyclone Storm Shield, Inc.
- The name and address of the registered agent and office is:

Milena M. Smith 14692 Seminole Trail Seminole, FL 33776

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Mílena M. Smith REGISTERED AGENT

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