POWOODS316 Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000016541 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Po:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

HURRICANE SHUTTER EXPRESS INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

06 JAN 19 PH 1: 13

ARTICLE OF INCORPORATION

<u>of</u>

HURRICANE SHUTTER EXPRESS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: HURRICANE SHUTTER EXPRESS INC.

The principal place of business of this corporation shall be: 125 E. 37 ST. HIALEAH,FL.33013

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

AURELIANO A. ECHEVARRIA 125 E. 37 ST. HIALEAH, FL. 33013 DIRECTOR

ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

ADRELIANO A. ECHEVARRIA 125 E. 37 ST. HIALEAH, FL. 33013 PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has (have) executed these Article of Incorporation this 19th. day of January ,200 .

Signature/Title
•
•••
Signature/Title
Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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:

	HURRICANE SHUTTER EXPRESS INC.	
		-
2.	The name and address of the registered agent and office	
	is AURRLIANO A. ECHEVARRIA	
•	(Nuse)	-
	125 E. 37 ST.	
	(P. O. BOX NOT ACCAPTABLE)	-
	•	
	HIALEAR, FLORIDA 33013	•
	(CLTI/STATE/ZIP)	
THE	registered agent and agree to act in this capacity. I fur agree to comply with the provisions of all statutes	
THE RHL AND		
THE RHL AND	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY	
THE RHL AND	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY SITION AS MY POSITION AS REGISTERED AGENT.	_06
THE RHL AND	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY SITION AS MY POSITION AS REGISTERED AGENT.	
THE RHL AND	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY SITION AS MY POSITION AS REGISTERED AGENT. SIGNATURE	06 JÁN
THE RILL AND POS	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY SITION AS MY POSITION AS REGISTERED AGENT. SIGNATURE DATE 1-19-06	06 1 NY 19 08.
THE RILL AND POS	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY SITION AS MY POSITION AS REGISTERED AGENT. SIGNATURE DATE 1-19-06	06 1 NY 19 08.
THE RILL AND POS	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY SITION AS MY POSITION AS REGISTERED AGENT. SIGNATURE DATE 1-19-06	OG JAN 19 PM 1: 1
THE RILL AND POS	R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY SITION AS MY POSITION AS REGISTERED AGENT. SIGNATURE DATE 1-19-06	06 1 NY 19 08.