

P060000017429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

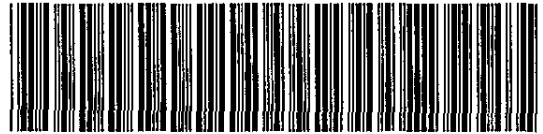
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06 FEB -1 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** FLORIDA HURRICANE CLAMP, 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:** FRANK LEKO

Name (Printed or typed)

1010 PARK COURT UNIT F

Address

SAFETY HARBOR FL 34695

City, State & Zip

727-726-5956

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:

FLORIDA HURRICANE CLAMP, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1010 PARK COURT UNIT F  
SAFETY HARBOR FL 34695

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
TO FORM A BUSINESS FOR PROFIT

### ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND SHARES OF ONE DOLLAR PAR VALUE COMMON STOCK

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FRANK LEKO  
1806 CYPRESS TRACE DR  
SAFETY HARBOR FL 34695

MIKE LOHMEYER  
109 PARK ST., SAFETY HARBOR, FL 34695

### ARTICLE VI REGISTERED AGENT

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

FRANK LEKO  
1806 CYPRESS TRACE DR.  
SAFETY HARBOR, FL 34695

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

FRANK LEKO  
1806 CYPRESS TRACE DR.  
SAFETY HARBOR FL 34695

\*\*\*\*\*

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

Frank Leko  
Signature/Registered Agent

1-27-06  
Date

Frank Leko  
Signature/Incorporator

1-27-06  
Date

FILED  
06 FEB -1 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA