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.

(((H06000051927 3)))

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

To:

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

STORM GUARD INTERNATIONAL, INC.

Certificate of Status	O O
Certified Copy	1
Page Count	83
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2006 FEB 27 PM 2: 1

(of I

ARTICLES OF INCORPORATION OF

STORM GUARD INTERNATIONAL, INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s)

Competent to contract, hereby form a corporation under the laws of State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: STORM GUARD INTERNATIONAL, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue <u>One hundred</u> shares (100) of <u>five</u> Dollar (s) (\$5.00) par value common stock, which shall be designated "Common Shares".

ARTICLE V-INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	GABRIEL J. S	OSA		_	
ADDRESS	2507 WEST 7	PLACE			
CITY	HIALEAH	STATE	FL	ZIP 33016	

The principal office, if known or the mailing address of the corporation is:

NAME	GABRIEL J. SOSA		٠.	- · -
ADDRESS	2507 WEST 72 PLACE			
CITY	HIALEAH STATE	FL _	ZIP 33016	

ARTICLE VI-INITIAL BOARD OF DIRECTORS

This corporation shall have <u>TWO (2)</u> director initially. The number of directors may be either increased or diminished from time to time by - laws, but shall never be less than one (1).

The name and addresses of the initial director (s) of the corporation are as followers:

B06000051927 3

- 					
NAME	GABRIEL J. SOSA		(PRE	SIDENT)	
ADDRESS	2507 WEST 72 PLAC	Æ			
CITY	HIALEAH	STATE	FLORIDA	ZIP 33016	
NAME	REYNALDO SOSA V	ALDESPIN	io (vic	E PRESIDENT)	
ADDRESS	2507 WEST 72 PLAC	E			
CITY	HIALEAH	STATE	FLORIDA	ZIP 33016	
NAME		·	·= , •		
ADDRESS					
CITY					-
NAME					
ADDRESS					
CITY		3-			
NAME		· · · · · · · · · · · · · · · · · · ·			
ADDRESS	- 				
CITY		. <u>. </u>]

ARTICLE VII-INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows:

NAME	GABRIEL J. SOSA		(PRESI)	DENT)	
ADDRESS	2507 WEST 72 PLACE				
CITY	HIALEAH	STATE	FLORIDA	ZIP 33016	
NAME	REYNALDO SOSA VA	LDESPINO	(VICE	PRESIDENT)	
ADDRESS	2507 WEST 72 PLACE		· _		
CITY	HIALEAH	STATE	FLORIDA	ZIP 33016	
NAME					
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY					
NAME					
ADDRESS					
CITY				<u> </u>	

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 24TM day of February, 2006.

PREPARED: SOSA ACCOUNTING TAX SERVICE 570 EAST 49 STREET HIALEAH, FL 33013

(305) 688-1716
(305) 688-1714

(Seal)

(Seal)

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

STORM GUARD INTERNATIONAL, INC.

(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, to organize under the laws of the State of Florida with Its registered office as indicated in the Articles of Incorporation.

AT:	2507 WEST 72 PLACE	<u> </u>
	HIALEAH, FL 33016	-
Has named	GABRIEL J. SOSA	

Located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having bee named as Registered Agent to accept service of process for the above state corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with provisions of Florida Lawn in Keeping open said office.

(registered agent)

006 FEB 27 PM 21 SECRETARY OF STA