

706 00 0075464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

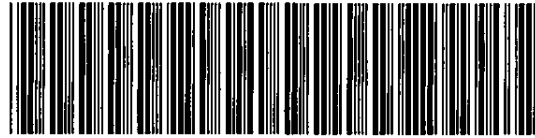
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 01 2006

## COVER LETTER

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

SUBJECT: Hurricane Doctor, 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: Scott Maxwell  
Name (Printed or typed)  
1809 Hillcrest Avenue  
Address  
Lake Worth, Florida 33461-6041  
City, State & Zip  
561.502.1714  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Hurricane Doctor, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1809 Hillcrest Avenue  
Lake Worth, Florida 33461-6041

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All lawful business

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Scott Maxwell  
1809 Hillcrest Avenue  
Lake Worth, Florida 33461-6041

## **ARTICLE VI REGISTERED AGENT**

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

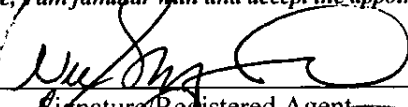
Scott Maxwell  
1809 Hillcrest Avenue  
Lake Worth, Florida 33461-6041

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Scott Maxwell  
1809 Hillcrest Avenue  
Lake Worth, Florida 33461-6041

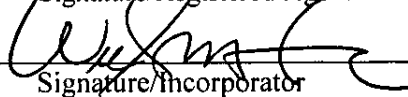
\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

SCOTT MAXWELL

05/31/06

Date

  
\_\_\_\_\_  
Signature/Incorporator

SCOTT MAXWELL

05/31/06

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA