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COVER LETTER

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

SUBJECT: Don	Cournoyer, Inc.	FF NAME – MUST INCL	TIDE SUREIX)
Enclosed are an orig	ginal and one (1) copy of the artic		
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: De	on Cournoyer, Inc.		
	Name (Printed or typed)	
	5131 Deerhurst Crescent (
	A	Address	
		6-8532 State & Zip	
	1- (800) 541-0628		·
	Daytime Te	elephone number	

NOTE: Please provide the original and one copy of the articles.

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	 			LP 13/ 113	
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Don Cournoyer, Inc.

06 JUN 16 PM 3: 35

SEGRETARY OF STATE TALLAHASSEE, FLORIDA.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5131 Deerhurst Crescent Circle Boca Raton, Florida 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Selling Hurricane protection.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Don Cournoyer, 5131 Deerhurst Crescent Circle, Boca Raton, FL 33486, President

ARTICLE VI REGISTERED AGENT

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

Don Cournoyer, 5131 Deerhurst Crescent Circle

Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Don Cournoyer

5131 Deerhurst Crescent Circle

Boca Raton, Florida 33486

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

Date

On Number College Co