

## 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.

(((H060002145323)))



HINDORFOLDS 45323 ARCX

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 : BERRIZ & GIRALDO P.A.

Account Number: 119990000017
Phone: (305)485-9300
Fax Number: (305)485-1098

# FLORIDA PROFIT/NON PROFIT CORPORATION

## FARNOT HURRICANE SHUTTERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

8/25/2006

CB 8-3106

PAGE 02

ARTICLES OF INCORPORATION

**OF** 

## **FARNOT HURRICANE SHUTTERS, INC.**

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

#### ARTICLE I

The name of this corporation shall be:

## FARNOT HURRICANE SHUTTERS, INC.

#### ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

  To have perpetual succession by its corporate

name:

FARNOT HURRICANE SHUTTERS, INC.

BERRIZ & GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

H06 000 214 532 3.

Hob 0002145323.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

> SANTIAGO J. FARNOT 2545 SUNNILAND BLVD LEHIGH ACRES, FL. 33971

The principal office shall be:

**2545 SUNNILAND BLVD** LEHIGH ACRES, FL. 33971

Lob 000 2145323.

H06 000 214 532 3.

### **ARTICLE VI**

The initial Board of Directors shall consist of a total of **ONE(01)** person, and the name and address of the person who is to serve as an initial director is:

SANTIAGO J. FARNOT 2545 SUNNILAND BLVD LEHIGH ACRES, FL. 33971 PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

SANTIAGO J. FARNOT 2545 SUNNILAND BLVD LEHIGH ACRES, FL. 33971

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 16 AUGUST 2006.

SANTIAGO J. FARNOT

11 406 000 214532 3. HOG 000 2145323

# CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision 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:

## FARNOT HURRICANE SHUTTERS, INC.

2. The Name and Address of the registered agent and office is

SANTIAGO J. FARNOT 2545 SUNNILAND BLVD LEHIGH ACRES, FL. 33971

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Dated: AUGUST 16, 2006.

406 000 214 532 3.

16 30 AM 10: 40