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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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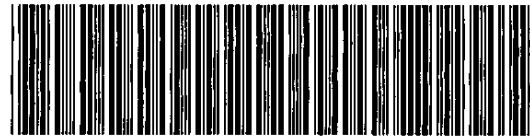
(Business Entity Name)

(Document Number)

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

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07 MAR 29 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE MAR 30 2007

## COVER LETTER

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

SUBJECT: Storm Solutions of Northeast Florida, 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: David M. King

Name (Printed or typed)

12367 Briarmead Lane

Address

Jacksonville, Florida 32258

City, State & Zip

(904) 386-0519

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:

Storm Solutions of Northeast Florida, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12367 Briarmead Lane  
Jacksonville, FL 322587

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale and installation of storm screens and storm shutters

## ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares common stock

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

## ARTICLE VI REGISTERED AGENT

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

David M. King  
12367 Briarmead Lane  
Jacksonville, FL 32258

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David M. King  
12367 Briarmead Lane  
Jacksonville, FL 32258

\*\*\*\*\*

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

David M. King  
Signature/Registered Agent

David M. King  
Signature/Incorporator

FILED  
07 MAR 29 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-9-07

Date

3-9-07

Date

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED

MAR 29 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Florida law, 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/professional association is: Storm Solutions of Northeast Florida, Inc.

2. The name and address of the registered agent and office is:

David M. King  
Full name

12367 Briarmead Lane  
Address (P.O. Box not acceptable)

Jacksonville, FL 32258  
City, State, and Zip

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.

David M. King  
SIGNATURE OF REGISTERED AGENT

3-9-07  
DATE

Designation of Registered Agent  
Filing Fee — \$35.00