

PO7000057741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

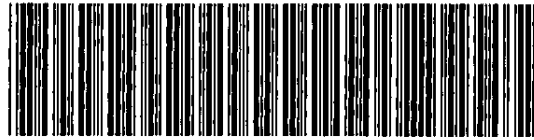
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2007 MAY 14 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Ultimate Hurricane Protection, 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: William R. Mauge II

Name (Printed or typed)

429 Country Club Dr.

Address

Oldsmar, Fl. 34677

City, State & Zip

1-877-777-8468

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:

Ultimate Hurricane Protection, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

429 Country Club Dr.
Oldsmar, Fl. 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide hurricane protection for home's and business's.

ARTICLE IV SHARES

The number of shares of stock is:

The number of shares which the corporation has authorized to be outstanding at any time is 100, with a \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William R. Mauge II - President
429 Country Club Dr.
Oldsmar, Fl. 34677

ARTICLE VI REGISTERED AGENT

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

William R. Mauge II - President
429 Country Club Dr.
Oldsmar, Fl. 34677

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

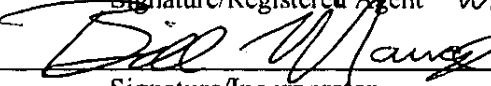
William R. Mauge II - President
429 Country Club Dr.
Oldsmar, Fl. 34677

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 WILLIAM R. MAUGE II

5-10-07
Date



Signature/Incorporator WILLIAM R. MAUGE II

5-10-07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA