

P07000131662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

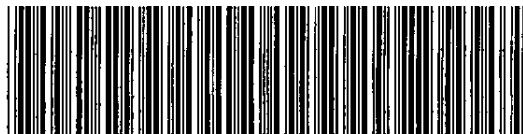
(Business Entity Name)

(Document Number)

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



900112639119

11/30/07--01018--011 **78.75

[illegible]

07 DEC 12 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
12/13

100-58386

COVER LETTER

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

SUBJECT: HURRICANE Professional Services 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: MAURO S. SANTOS
Name (Printed or typed)

4113 Residence Drive #202
Address

FORT MYERS - FL - 33901
City, State & Zip

(239) 822-7329
Daytime Telephone number

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



RECEIVED

07 DEC 13 AM 8:00

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DIVISION OF CORPORATIONS

November 30, 2007

MAURO S SANTOS
4113 RESIDENCE DRIVE
#202
FORT MYERS, FL 33901

SUBJECT: HURRICANE PROFESSIONAL SERVICES INC.
Ref. Number: W07000058386

We have received your document for HURRICANE PROFESSIONAL SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation **if a 2008 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 707A00068028

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 Professional Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4113 Residence Drive #
FORT MYERS - FL - 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Installation & Cleaning Services
FLOOR

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MAURO Silva Santos DIRECTOR
4113 Residence Drive
FORT MYERS - FL - 33901

ARTICLE VI REGISTERED AGENT

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

MAURO S. SANTOS
4113 Residence DR.
FORT MYERS - FL - 33901

ARTICLE VII INCORPORATOR

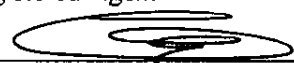
The name and address of the Incorporator is:

MAURO S. SANTOS
4113 Residence DR #202
FORT MYERS - FL - 33901

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



Signature/Incorporator

12/11/07

Date

11/28/07

Date

FILED
07 DEC 12 PM 1:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE