

FROM: H. LAZARUS  
DIV. OF CORPORATIONS

FAX NO. : 7052014

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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION

FLORIDIAN HURRICANE SHUTTERS INC

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

**THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF  
FORMING A  
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION  
ACT, HEREBY  
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.**

**ARTICLE I - NAME**

**THE NAME OF THE CORPORATION SHALL BE:**

*floridian Hurricane SHUTTERS INC*

**ARTICLE II - PRINCIPAL OFFICE**

**THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS  
CORPORATION SHALL BE:**

*19300 NE 2nd AVE  
NORTH MIAMI FL 33179*

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**ARTICLE III - SHARES**

**THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION  
IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:**

*100*

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

**THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS**

*Ashley Nicole Palmieri*

*19300 NE 2ND AVE*

*NORTH MIAMI FL 33179*

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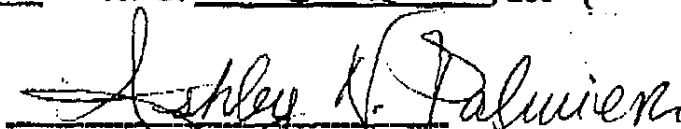
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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Ashley Nicole Palmieri  
19300 NE 2ND AVE  
NORTH MIAMI FL 33179

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS

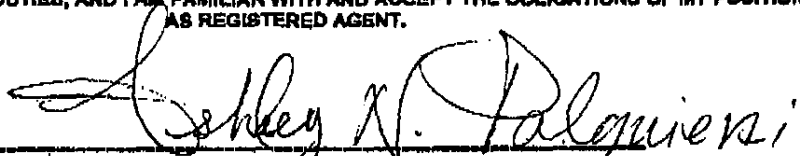
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TALLAHASSEE, FLORIDAARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Ashley Nicole Palmieri (President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT SIGNATURE

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