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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
HURRICANE SIGN & LIGHTING SERVICES, INC.

Certificate of Status	1
Certified Copy	0
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September 19, 2011
Miami, Florida

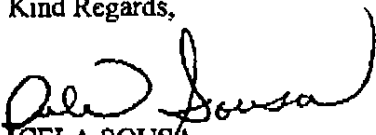
To whom it may concern:

I, ICELA SOUSA, President of HURRICANE SIGN & LIGHTING SERVICES, INC.
, with Document number P05000136995, hereby relinquish the company name to be used
to incorporate a new company with the same name. The new company will be associated
with the previous company by its owners.

Please send the incorporation documents to:

Barinas & Associates, Inc.
5701 NW 36 ST
Miami, FL 33166
Fax: 305-870-9623

Kind Regards,


ICELA SOUSA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: **HURRICANE SIGN & LIGHTING SERVICES, INC****ARTICLE II PRINCIPAL OFFICE**

Principal street address

**7024 CROW GATE DRIVE
MIAMI LAKES, FL 33014**

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: **1000 SHARES AT NOT PART VALUE.****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **PRESIDENT**Address: **ICELA SOUSA****7024 CROW GATE DRIVE
MIAMI, FL 33014**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **ICELA SOUSA**Address: **7024 CROW GATE DRIVE
MIAMI, FL 33014****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **ICELA SOUSA**Address: **7024 CROW GATE DRIVE
MIAMI, FL 33014***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*

Required Signature/Registered Agent

09/19/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

09/19/2011

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA