

H11000082381

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 : 120000000082
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
Page Count	03
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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September 19, 2011
Miami, Florida

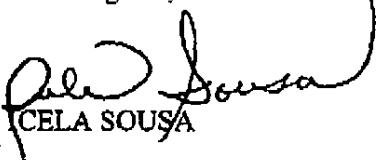
To whom it may concern:

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 NAME HURRICANE SIGN & LIGHTING SERVICES, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7024 CROW GATE DRIVE
MIAMI LAKES, FL 33014

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS.

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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	Name and Title: _____
Address: ICELA SOUSA	Address: _____
7024 CROW GATE DRIVE	_____
MIAMI, FL 33014	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

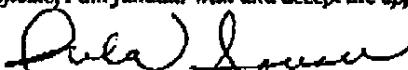
Name: ICELA SOUSA
Address: 7024 CROW GATE DRIVE
MIAMI, FL 33014

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