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Certified Copies	Certificates	s of Status				
Special Instructions to F	Filing Officer:					
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12/09/11--01017--009 **70.00



COVER LETTER

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

SUBJECT: High Velocity Hurricane Protection Systems 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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: Steve Camposano	(Printed or typed)			
3827 Progress Avenue	address	SECRE ALLAH	2011 DEC -9	المالية
Naples, Fl 34104	State & Zip	ASSEE, FL		
239-403-2650 Daytime To	elephone number	Ribert Street	AM II: 04	tenam.
jennifer@category5.com E-mail address: (to be used	I for future annual repor	t notification)		

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 The name of the o	<u>NAME</u> corporation shall be: High Velocity Hurr	ricane Protection System	ms Inc.
	•		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing	address, if different is:
	· ———		
	3827 Progress Avenue		
	Naples, Fl 34104		
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
To conduct	and transact any lawful business ad	ctivities	
ARTICLE IV			
The number of sh	nares of stock is: 10		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>TORS</u>	
Name and '	Title:Steven Camposano	Name and Title:	
Address:	President		
	3827 Progress Avenue		
	Naples, Fl 34104		
Name and	Title:	Name and Title:	
Address:		Address:	
Address.			
	Title:	Name and Title:	
Address:	 	Address:	
			
			
ARTICLE VI	REGISTERED AGENT		DEC AHAS
	lorida street address (P.O. Box NOT acceptable	le) of the registered agent is:	
Name:	Steven Camposano		SH 1
Address:	810 Inlet Dr		The second
	Marco Island, Fl 34145		
			O
ARTICLE VII			
	ddress of the Incorporator is:		
Name:	Steven Camposano		
Address:	3827 Progress Avenue Naples Fl 34104		
	' '		ar a ar
	med as registered agent to accept service of pr am familiar with and accept the appointment a		
	the summar with and accept the appointment at	S registered agent and agree to	uci in ims cupucity
K /			12/5/2011
- 12/	Social Simple (Basistand Alama)	<u> </u>	
\ \ \	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein		
	Department of State constitutes a third degree f		
\sim			
CDC	100000		12/5/2011
	/ Required Signature/Incorporator		Date
` /	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Duit