

P12000037341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

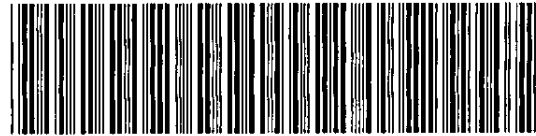
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/20/12

COVER LETTER

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

SUBJECT: Hurricane Safe Doors & Windows, Corp.
(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: Hurricane Safe Doors & Windows, Corp

Name (Printed or typed)

9535 SW 39 St

Address

Miami, Fl. 33165

City, State & Zip

786-973-5597

Daytime Telephone number

Capoteorlando@ymail.com

E-mail address: (to be used for future annual report notification)

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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 NAME

The name of the corporation shall be:

Hurricane Safe Doors & Windows, Corp.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

9535 sw 39 st

Miami, FL 33165

Mailing address, if different

Same

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Installations, Repair, Sales, Construction, Import, Export, Etc.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Orlando Capote (President)

Address: 9535 sw 39 st

Miami, FL 33165

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: Orlando Capote

Address: 9535 SW 39 ST

Miami, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Orlando Capote

Address: 9535 SW 39 st

Miami, FL 33165

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

Date

4/14/12

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

Date

4/14/12