

P/2000054885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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12 JUN 15 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 06/19/12

June 7, 2012

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

Re: Hurricane Zone Inc  
P07000044097

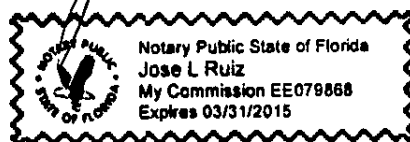
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me at 305-595-2407.

Sincerely,

  
Sergio A. Restrepo



## COVER LETTER

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

SUBJECT: HURRICANE ZONE 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 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: MARIA E RUIZ

Name (Printed or typed)

7750 SW 117 AVE SUITE 201F

Address

MIAMI, FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

mariaquiros9@hotmail.com

E-mail address: (to be used for future annual report 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 NAME**

**HURRICANE ZONE INC**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8597 S.W. 109 AVE  
MIAMI, FLORIDA 33173

Mailing address, if different is:

7750 SW 117 AVE SUITE 201F  
MIAMI, FLORIDA 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LEGAL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 ea

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sergio A. Restrepo President	Name and Title: _____
Address: 8597 S.W. 109 Ave	Address: _____
Miami, Florida 33173	_____
_____	_____

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: Sergio A. Restrepo  
Address: 8597 S.W. 109 Ave  
Miami, Florida 33173

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sergio A. Restrepo  
Address: 8597 S.W. 109 Ave  
Miami, Florida 33173

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

*Sergio A. Restrepo*

Required Signature/Registered Agent

06/08/2012

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.

*Sergio A. Restrepo*

Required Signature/Incorporator

06/08/2012

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA