300000281

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600242273446

01/07/13--01020--016 **113.75

13 JAN 17 PM 1:08

SECRETARY OF STATE
STATE
SECRETARY OF STATE

D- 115/13 W13-1424



January 8, 2013

CHRISTOPHER CARR HURRICANE PROOF, INC. 889 NW 6TH AVENUE DELRAY BEACH, FL 33444

SUBJECT: HURRICANE PROOF, LLC

Ref. Number: W13000001424

We have received your document for HURRICANE PROOF, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

www.sunbiz.org

Letter Number: 913A00000541

COVER LETTER

'TO: Charter Section

Division of C	orporations		
SUBJECT: Hurricar	ne Proof, Inc.	,	,
Selfect.		ng Florida Profit Corporatio	n .
	•		, and fees are submitted to tion" in accordance with s.
Please return all corre	espondence concerning	g this matter to:	
Christopher Carr		·	
	Contact Person		
Hurricane Proof, In	с.		
	Firm/Company		
889 NW 6th Avenue	e		
	Address		
Delray Beach, FL 3	3444		. •
C	ity, State and Zip Code		
info@hurricaneprod			,
E-mail address: (to	be used for future annual r	eport notification)	
For further information	on concerning this ma	tter, please call:	
Christopher Carr		_at (561)400-	
Name of Con	tact Person	Area Code and Dayti	me Telephone Number
Enclosed is a check f	or the following amou	int:	
□ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	<u>S:</u>	MAILING A	
Charter Section		Charter Secti	-
Division of Corporat Clifton Building	ions	Division of C P. O. Box 63:	•
2661 Executive Cent	er Circle	Tallahassee,	
Tallahassee, FL 323		1 un	LA VAVII

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

13 JAN 17 PM 1:08

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

accordance with s. 607.1115, Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Hurricane Proof, LLC \(\(\lambda 00052793 \)
Enter Name of Other Business Entity
2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)
on 05/23/2006
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
Hurricane Proof, Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signe	i this 2 day of January	2013	FILED SECRETARY OF STATE
Danni	und Signature for Florido Duefit Cormoveti	A-7.0	DIVISION OF CORPORATIONS
Kequi	red Signature for Florida Profit Corporati	on:	13 JAN 17 PM 1:08
Signat been s	ure of Chairman, Vice Chairman, Director, Celected, an Incorporator: Christopher Carr dhame: Christopher Carr Title:	fficer, or if Directors o	r Officers have not
Printe	d Name: Christopher Carr Title:	President	
	red Signature(s) on behalf of Other Business ure(s).]	Entity: [See below for	required
Signat	ure: I Name: Christopher Carr		
Printe	d Name: Christopher Carr	Title: Manager	
Signat	ure:i Name:		
Printed	d Name:	_Title:	
Signat	ure: i Name:		
Printe	d Name:	_ Title:	
Signat	ure:		
Printe	ure:	_ Title:	
Signat	ure:		·····
Printed	l Name:	_ Title:	
Signat	ure:		· · · · · · · · · · · · · · · · · · ·
Printe	l Name:	_ Title:	
	rida General Partnership or Limited Liabilit ure of one General Partner.	y Partnership:	
	rida Limited Partnership or Limited Liabilit ures of <u>ALL</u> General Partners.	Limited Partnership;	
	rida Limited Liability Company: ure of a Member or Authorized Representative.		
All otl Signat	ners: ure of an authorized person.		
Fees:	Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	

ARTICLES OF INCORPORATION
FILED
SECRETARY OF STATE
OF COMPORATIONS

ARTICL	E I NAME of the corporation shall be: Hurricane Proof	Inc		13 JAN 17	РМ	1.00
The name	of the corporation shall be:	, 1110.		, only	117	1.08
	E II PRINCIPAL OFFICE					
•	pal place of business/mailing address is:					
889 NW	Principal street address 6th Avenue			Mailing address, if different is:		
Delray (Beach, FL 33444					
Тће рштро	E III PURPOSE se for which the corporation is organized is: e source service provider for all type	s of hu	ırricane	protection.		
					_	
					 .	
			<u> </u>		_	
<i>ARTICL</i> The numb	E IV SHARES er of shares of stock is:					
				-		
	E V INITIAL OFFICERS AND/OR DI	, , , , , , , , , , , , , , , , , , , ,				
Name and	Title: Christopher Carr, President	Nam	e and Title	Martin Eller, Vice President		
Address:	889 NW 6th Avenue	Addı	ress:	889 NW 6th Avenue		
	Delray Beach, FL 33444	-		Delray Beach, FL 33444		
Name and	Title:	Nam	e and Title	: <u> </u>	_	
Address:		Addı	ress:		<u> </u>	
		-				
Name and	l Title:	_ Nam	e and Title	::	_	
Address:		Addı	ess:		_	
		•			_	
ARTICL		aantah la\	af tha mai	stand agent in		
	and Florida street address (P.O. Box NOT ac	серыною)	or me regi	Sicrou agent is.		
Name:	Christopher Carr					
Address:	889 NW 6th Avenue					
	Delray Beach, FL 33444					

ARTICL The <u>name</u>	E VII INCORPORATOR and address of the Incorporator is:	FILED SEGRETARY OF STATE DIVISION OF GORPORATIONS
Name:	Christopher Carr	
Address:	889 NW6th Avenue	13 JAN 17 PM 1: 08
	Delray Beach, FL 33444	
designated	**************************************	
designated		
designated		pointment as registered agent and agree to act in the
designated capacity I submit	l in this certificate, I am familiar with and accept the app	O1/02/2012 Date are true. I am aware that any false information
designated capacity I submit	I in this certificate, I am familiar with and accept the app Required Signature/Registered Agent this document and affirm that the facts stated herein	O1/02/2012 Date are true. I am aware that any false information

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