To: 18506176331



From: Vcorp Services, LLC

1/28/2021

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Enter ani	the email address for this business entity to be used for futur nual report mailings. Enter only one email address please.
. ·	Fax Number : (845)818-3588
	Phone : (845)425-0077
	Account Number : I20080000067
From:	Account Name : VCORP SERVICES, LLC
	Fax Number : (850)617-6381
To:	Division of Corporations

FLORIDA PROFIT/NON PROFIT CORPORATION HURRICANE MARINE MANUFACTURING HOLDINGS, INC.

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Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:______

ARTICLE II PRINCIPAL OFFICE Principal street address

3301 SE Slater Street

Mailing address, if different is:

3301 SE Slater Street

Stuart, Florida 34997

Stuart, Florida 34997

ARTICLE III _ PURPOSE

The purpose for which the corporation is organized is:

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<u>ARTICLE IV SHARES</u> The number of shares of stock is ______

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Jose Castillo, President	Name and Title:
Address	3301 SE Slater Street	
	Stuart, Florida 34997	
Name and Title:		Name and Title:
Address		Address:
	·	
Name and Title:		Name and Title:
Address		Address:

Name and Title:	Name and Title:					
Address	Address:					

<u>ARTICLE VI REGISTERED AGENT</u>

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

Veorp Services, LLC Name:

Address:

5011 South State Road 7, Suite 106

Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Racesa Ibrahim Name:

25 Robert Pitt Drive, Suite 204 Address. Monsey, NY 10952

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

mon

Required Signature/Registered Agent

01/28/2021 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.

QQQSQ

01/28/2021

Required Signature/Incorporator

Date