

PA500000417

OFFICE USE ONLY (Document #)

CHRIS WHITAKER
 3593-3 PALMETTO AVE.
 FORT MYERS, FL 33916

(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if k

1. STORM SAFE SHUTTERS, INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

DEPT. OF STATE
 TALLAHASSEE, FLORIDA
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

10/15/95 26913

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 1941A-53674

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 20, 1994

CHRIS WHITAKER
3593-3 PALMETTO AVE.
FT. MYERS, FL 33916

SUBJECT: STORM SAFE SHUTTERS, INC.
Ref. Number: W94000026913

We have received your document for STORM SAFE SHUTTERS, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must include original signatures.

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 (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 194A00053676

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

STORM SAFE SHUTTERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3593 Palmetto Avenue, Suite 3, Fort Myers, Lee County
Florida, 33916

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Two Thousand (2000) shares of common stocks having
One Thousand Dollars (\$1000) par value per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christopher Whitaker

3593 Palmetto Avenue #3
Fort Myers, Florida 33916

TALLAHASSEE, FLORIDA

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

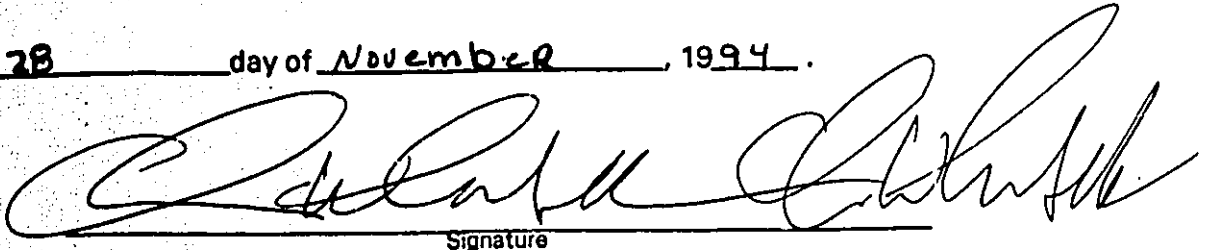
Christopher Whitaker 3593 Palmetto Avenue #3
Senior Chairman/
President Fort Myers, Florida 33916

Michael DeAlmeida 3593 Palmetto Avenue #3
Secretary/
Vice President Fort Myers, Florida 33916

Karen Whitaker 3593 Palmetto Avenue #3
Chairman/
Board Member Fort Myers, Florida 33916

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of November, 1994.



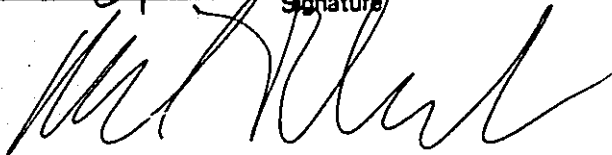
Signature

Karen Whitaker Karen Whitaker

Signature

Michael DeAlmeida

Signature



Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZE) UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: STORM SAFE SHUTTERS, INC.

2. The name and address of the registered agent and office is:

Christopher Waitaker

(Name)

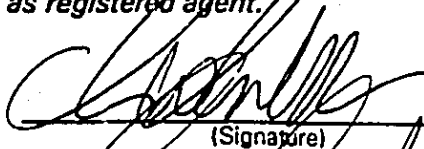
3593 Palmetto Avenue, Suite 3
(P.O. Box not acceptable)

Fort Myers, Florida 33916

(City/State/Zip)

TALLAHASSEE, FLORIDA
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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Signature)

11-28-94

(Date)