

CORPORATION INFORMATION  
SERVICES, INC.  
1201 HAY STREET  
TALLAHASSEE, FL 32310  
904-222-9171  
904-222-0193 FAX

**CSC networks**

MAIL TO:  
P.O. Box 5828  
TALLAHASSEE, FL 32314

800-342-8086

**P95000015706**

95 FEB 24 11:31

CIVILIAN

ACCOUNT NO. : 072100000032

REFERENCE : 546162 11516A

AUTHORIZATION :

COST LIMIT : 9122.50

*Patricia P. Pitt*

ORDER DATE : February 21, 1995

ORDER TIME : 11:31 AM

ORDER NO. : 546162

CUSTOMER NO: 11516A

700001415057

CUSTOMER: Darlyn Kreitman, legal Asst  
MICHAEL S. DAVIS, P.A.

2311 North Andrews Avenue  
Wilton Manors, FL 33311

DOMESTIC FILING

**P95000015706**

NAME: SHUTTER-UP HURRICANE PROTECTION, INC.

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

*DM*  
2-27-95  
02/A

FILED  
95 FEB 24 AM 8 18  
TALLAHASSEE, FLORIDA  
SECRET

ARTICLES OF INCORPORATION  
OF  
SHUTTER-UP HURRICANE PROTECTION, INC.

FILED  
95 FEB 24 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SHUTTER-UP HURRICANE PROTECTION, INC.

The address of the principal office of this corporation shall be 6244 Highland Court, North Lauderdale, Florida 33068, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Denis L. Winslow  
Dir./Pres.

6244 Highland Court  
North Lauderdale, Florida 33068

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of  
Corporation Information Services, Inc., has hereunto set  
their hand and seal of Corporation Information Services,  
Inc., on February 21, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Gail Shelby  
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida  
corporation authorized to transact business in this  
State, having a business office identical with the  
registered office of the corporation named above, and  
having been designated as the Registered Agent in the  
above and foregoing Articles, is familiar with and  
accepts the obligations of the position of Registered  
Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Gail Shelby  
Its Agent, Gail Shelby

LRD/gls

LAW OFFICES  
**BOONE & DAVIS, P. A.**

2311 NORTH ANDREWS AVENUE  
WILTON MANORS, FLORIDA 33311

(305) 566-9919

FAX: (305) 566-2680

MICHAEL S. DAVIS  
LESLI MUCHNICK

March 22, 1995

Division of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314-0000

P95000015706  
700001441547  
-03/28/95--01076--011  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

RE: Name:

Our File Number:

Shutter-Up Hurricane Protection, Inc.  
CORP-95-06009

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Office and Registered Agent along with my firm's check in the amount of \$35.00.

If you have any questions, please do not hesitate to call our office.  
Thank you for your anticipated cooperation.

Very truly yours,

BOONE & DAVIS, P.A.

Michael S. Davis

MSD:ddk

FILED  
95 MAR 27 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Change  
3/29/95  
DC

Charter No. \_\_\_\_\_

Date Filed \_\_\_\_\_

## STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: SHUTTER-UP HURRICANE PROTECTION, INC.

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.  
1201 Hays Street  
Tallahassee, Florida 32301

3. The name and street address to which its registered agent is to be changed is:  
(P.O. BOX NOT ACCEPTABLE)

DENIS WINSLOW

6244 HIGHLAND COURT

NORTH LAUDERDALE, FL 33068

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

DENIS L. WINSLOW, PRESIDENT  
(Typed or printed name and title)

Signature

[Signature]  
(President or Vice President)

Date 3/21/95

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name [Signature]

Signature DENIS L. WINSLOW  
(Agent)

Date 3/21/95

FILED  
95 MAR 27 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA