MANSMITTAL LETTER

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

SUBJECT: Florida Hurricane Shutters, Inc.

900002590649--7 -07/16/98--01058--007 ******70.00 ******70.00

	(Propo	osed corporate name – must include sui	ffix)	
D				
chclosed is an	original and one (1) c	copy of the articles of incorpo	oration and a check for:	
⊠ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		Additional Co	ppy Required	
	From: N	Michael J.Evans		
		Name (printed or type	d)	
	3	3350 Maplewood Dr.		
	- · <u>-</u> -	Address		
			98 JUL SECRET	4200296
		Gulf Breeze, FL 32561 City, State & Zip		
		(850) 932-1624	16 AM	ë H
		Daytime Telephone Nur	9: 22 STATE FLORID	
			P	

NOTE: Please provide the original and one copy of the articles.

120 H

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:

Florida Hurricane Shutters, Inc.



ARTICLE II PRINCIPAL OFFICE

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

3350 Maplewood Dr. Gulf Breeze, FL 32561

ARTICLE III SHARES

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

The total number of shares authorized is 1000 (one thousand). The class shall be common. The par value per share shall be \$1.00.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Michael J. Evans 3350 Maplewood Dr. Gulf Breeze, FL 32561

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

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

Michael J. Evans 3350 Maplewood Dr. Gulf Breeze, FL 32561

David Murdoch 1693 Bulevar Mayor Gulf Breeze, FL 32561

The unde	ersigned inco	orporator(s) h	as (have) execute	d these Articles of In	corporation this
15th	day of _	July		_, 19 <u>98</u> ,	
	<u></u>	ne Adella	(Signature) (Signature)		 .
			(Signature)		

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corp	oration is:	Florida Hurricane Shutters, I	nc.		
			98		
2. The name and address	s of the registo	ered agent and office is:			
			ASS 6		
Michael J. Evans					
		(Name)	FE 99		
	3350 Ma	aplewood Dr.	22 DRIE		
	(P.O. Bo	ox or Mail Drop Box NOT Acceptable)			
	Culf Rec	eeze, FL 32561			
	Court Dre	(City/State/Zip)			
place designated in this certific	ate, I hereby acc	accept service of process for the above s ept the appointment as registered agent ovisions of all statutes relating to the p	and agree to act in this		
		vith and accept the obligations of my po			
•	_				