

Charter Number Only

10/4/99
Andrews & Company
Requester's Name
9836 West Sample Road
Address
Coral Springs, FL 33065.
City State ZIP Phone
(954) 752-8130A

VALIDATION ONLY

9000003018599--6
-10/19/99--01049--024
*****70.00 *****70.00

CORPORATION(S) NAME

Storm Vision, Inc.

FILED
99 OCT 27 AM 10:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Empire Toll Free: 1-800-432-3028

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input checked="" type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |

RECEIVED
99 OCT 19 PM 1:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

W99-24054



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 19, 1999

EMPIRE

MIAMI, FL

SUBJECT: STORM VISION, INC.
Ref. Number: W99000024054

We have received your document for STORM VISION, INC.. However, the document has not been filed and is being returned for the following:

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the original and one copy of 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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 399A00050350

RECEIVED
99 OCT 27 AM 9:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
9 OCT 27 AM 10:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF
STORM VISION, INC.

The undersigned incorporator, for the purpose of forming a Corporation under the Florida General Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation:

ARTICLE ONE
CORPORATE NAME

The name of the Corporation shall be:
STORM VISION, INC.

ARTICLE TWO
DURATION

The term of existence of the Corporation is perpetual.

ARTICLE THREE
PURPOSE

The Corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

ARTICLE FOUR
CAPITAL STOCK

The aggregate number of shares which the Corporation has authority to issue, is 500 Shares, all of which shall be common Shares with \$ 1.00 Par value.

ARTICLE FIVE

PLACE OF BUSINESS

The street address of the principal place of business is

3530 Ridgeland Road Davie, FL 33328

ARTICLE SIX

REGISTERED OFFICE

The street address of the initial registered office of the Corporation is

3530 Ridgeland Road Davie, FL 33328
and the name of the initial registered agent at such address is

KIMBERLY KNEEVES

ARTICLE SEVEN

BOARD OF DIRECTORS

The number of members of the Board of Directors may be changed from time to time as provided by the By-Laws of the Corporation as adopted by the stockholders; but, in no event, shall the Board of Directors consist of less than one (1) member at any time.

ARTICLE EIGHT

INITIAL DIRECTORS

The initial Board of Directors shall consist of one (1) member who shall hold office until the first annual meeting of the Corporation and whose name and address is as follows:

KIMBERLY KNEEVES

P.O. Box 292466

Davie, FL 33328

ARTICLE NINE

INCORPORATOR

The name and address of each incorporator executing the Articles of Incorporation is as follows:

KIMBERLY KNEEVES

P.O. Box 292466


Davie, FL 33328

ARTICLE TEN

COMMENCEMENT DATE

The Corporation shall be deemed to commence its existence upon the date the Charter Number is assigned to the Corporation by the Secretary of the State of Florida.

IN WITNESS WHEREOF, I have subscribed my name as Incorporator of the Corporation this 12th Day of October, 1999.



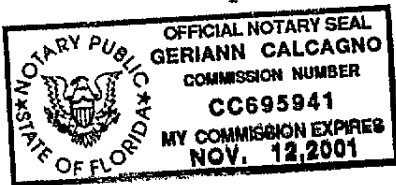
STATE OF FLORIDA)
COUNTY OF BROWARD)

) SS:

BE IT REMEMBERED that on this day, before me, a Notary Public, duly authorized in the State and County named above to take acknowledgments, personally appeared Kimberly Kneeres, to me known so be the person described as Incorporator in the foregoing Articles of Incorporation, and he/she acknowledged before me that he/she executed said Articles of Incorporation.

WITNESS my hand and official seal in Coral Springs, Florida this 12th day of October, 1999.

My Commission Expires:





Notary Public
State of Florida

CERTIFICATE OF DESIGNATING RESIDENT

AGENT FOR SERVICE OF PURPOSE

Pursuant to Chapter 48.091, Florida Statute, the undersigned hereby designates Kimberly Kneeres as its Resident Agent to accept service of process within this State.

Kimberly Kneeres
Incorporator

The undersigned hereby accepts the foregoing designation of Resident Agent for service of process with the State of Florida, and agrees to comply with the provisions of the law applicable to said designation.

Kimberly Kneeres
Agent

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TALLAHASSEE FLORIDA