

F-96000006206

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 656-3992
(City, State, Zip) (Phone #)

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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Hurricane Straps 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

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

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Examiner's Initials

**APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hurricane Straps Inc
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New Jersey
(State or country under the law of which it is incorporated)
3. August 26, 1996 4. perpetual
(Date of Incorporation) (Duration)
5. _____
(Federal Employer Identification number, if applicable)
6. Upon qualification
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 6817.155, F.S.)
7. 1681 West Route 88, Brick, New Jersey 08724
(Current mailing address)
8. Development & marketin of an anchoring system to safeguard property & personal assets
(Brief description of the nature of the business in which it is engaged in the state of Florida)

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9. Names and addresses of officers and or directors:

A. Directors:

Chairman: _____
Address: _____

Director:
Vice Chairman: George E. Gaffney
Address: 657 Bancroft Road
Brick Town, New Jersey 08723

Director:
Address: Joseph V. Bocchino
144 St. Paul Street
Westfield, New Jersey 07090

Director:
Address: James Mercadante
1613 Chipmunk Court
Toms River, New Jersey 08755

B. Officers:

President: George K. Gaffney
Address: 1681 West Route 88
Brick Town, New Jersey 08724

Vice President: of Marketing & Secretary: Joseph V. Bocchino, M.D.
Address: 1681 West Route 88
Brick, New Jersey 08724

Secretary: Vice President & Treasurer: James Mercadante
Address: 1681 West Route 88
Brick, New Jersey 08724

Treasurer:
Address:

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:
Name: National Corporate Research, Ltd. Inc.
Office Address: 1406 Hays Street, Suite 2
Tallahassee, Florida 32301
Zip Code

11. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

Registered agent's signature: John Morrissey
Ast. VP

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

13. James Mercadante
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. James Mercadante, Vice President
(Name and capacity of person signing application)

State of New Jersey



Department of State

HURRICANE STRAPS INC.

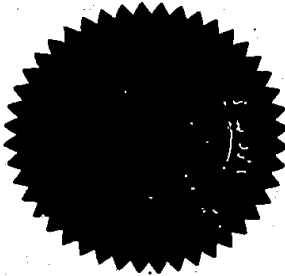
I, the Secretary of State of the State of New Jersey, DO
 HEREBY CERTIFY that the records of this office show that the
 charter of the above-named corporation was filed in this office
 on the 26th day of August A.D. 1996 and so far as the records
 of this office show, said corporation has never been dissolved
 by action of its stockholders, nor has its charter been voided
 for non-payment of State taxes by Proclamation and now
 continues as an existing corporation within the State of New
 Jersey.

I FURTHER CERTIFY, that the location of the registered
 office is 1681 West Route 88, Brick, New Jersey 08724 and the
 registered agent is George F. Gaffney.

IN TESTIMONY WHEREOF, I have
 hereunto set my hand and affixed
 my Official Seal at Trenton this
 22nd day of November A.D. 1996.

Jonas R. Hooley

SECRETARY OF STATE



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