L72608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAILING ADDRESS: Post Office Box 5826 Tallahassee, FL 32314
TOLL FREE 1-800-342-8086

CORPORATION INFORMATION SERVICES, INC

L72608

WORK ORDER NUMBER		
CUSTOMER NO.	ORDER DATE	ORDER TIME
ORDER TAKEN BY:		

WORK ORDER DESCRIPTION

DOMESTIC CHARTER$ 70.00
REGISTERED AGENT----****.00
CHARTER FILING-----****.00
CERT. PHOTO COPY---****.00
TOTAL-------------****.00

FILED
90 MAY 14 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/14

If for any reason the above request is confusing or incorrect please contact our office immediately at the telephone

ARTICLES OF INCORPORATION

OF

A-1 FIRE SPRINKLER CORP.

FILED

90 MAY 14 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Corporation is: A-1 FIRE SPRINKLER CORP.

ARTICLE II

The Corporation may engage in or transact in any or all activity or business permitted under of the Laws of the United States and of the State of Florida.

ARTICLE III

The Corporation is authorized to issue and have outstanding an aggregate number of seventy-five hundred (7,500) shares of one class of common stock having a par-value of One Dollar ($1.00) per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV

All shareholders of the Corporation shall be vested with full pre-emptive rights.

ARTICLE V

The Corporation's initial Registered Agent and Registered Office in the State of Florida are:

INITIAL REGISTERED AGENT: Jerome Cohen

INITIAL REGISTERED OFFICE: 504 N.E. 190 Street
Miami, Florida 33179

Having been named Initial Registered Agent to accept service of process at the Initial Registered Office designated in these Articles of Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the Law pertaining

thereto.

JEROME COHEN

FILED
90 MAY 14 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI

The number of Directors constituting the initial Board of Directors of the Corporation is one (1). The number of Directors may be increased or decreased from time to time by the By-Laws but shall never be less than one (1).

ARTICLE VII

The names and addresses of the members of the Initial Board of Directors are:

NAMES	ADDRESSES
JEROME COHEN	504 N.E. 190 St., Miami, Fla. 33179

ARTICLE VIII

The names and addresses of the Incorporators executing these Articles of Incorporation are:

NAMES	ADDRESSES
JEROME COHEN	504 N.E. 190 St., Miami, Fla. 33179

JEROME COHEN

STATE OF FLORIDA:
:
COUNTY OF DADE :

Before me, a Notary Public authorized to take acknowledgments in the State of Florida and County of Dade, set forth above, personally appeared JEROME COHEN. known to me and by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set hereunto my hand and seal affixed, in the State of Florida, County of Dade, this 11th day of May, 1990.

NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My Commission Expires:
Sept. 12, 1992

FILE NOW! AMOUNT DUE $61.25 OR CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 9, 1991.

CORPORATION ANNUAL REPORT 1991

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

1. Name and Mailing Address of Corporation DOCUMENT # L72608 (7)

ZIP + 4 PRESORT

A-1 FIRE SPRINKLER CORP.
% JEROME COHEN
504 NE 190TH ST
MIAMI, FL 33179-3919

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

3. Date Incorporated or Qualified to Do Business in Florida: 05/14/1990

4. FEI Number: 65-0235993

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required — CERTIFICATE OF STATUS DESIRED

Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
D	COHEN, JEROME	504 NE 190TH ST	MIAMI, FL

ANNUAL REPORT
ANNUAL REPORT ----- 61.25
TOTAL ----- 61.25

JLC 9/9

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

COHEN, JEROME
504 NE 190TH ST
MIAMI, FL 33179

8. Name and Address of New Registered Agent

81. Name

82. Street Address 1 (Do NOT Use P.O. Box Number)

83. Street Address 2 (Do NOT Use P.O. Box Number)

84. City FL. 85. Zip Code

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE ________
(Registered Agent Accepting Appointment)

I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 6 or on an attachment with an address.

[signature] 5/30/91

JEROME COHEN PRESIDENT 305 653-1142

FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE
CORPORATIONS DIV
TALLAHASSEE, FLA.
FILED

DO NOT WRITE IN THIS SPACE

FILING FEE $61.25 Make Payable To: *Secretary of State*

DOCUMENT # L72608 (7)

PROCESSOR

A-1 FIRE SPRINKLER CORP.
% JEROME COHEN
504 NE 190TH ST
MIAMI FL 33179-3919

2. If Address in Block 1 is incorrect in any way, draw line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 05/14/1990

3a Event Report: 09/09/1991

4. FEI Number: 65-0235993

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Annual Fee required for each Corporate Status

CERTIFICATE OF STATUS DESIRED

6. Name and Street Address of Each Officer and Director (Do not use this space for any correction. Use Items 11 and 12 to cover your incorrect information.)

1	2 Name of Officer and Director	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1 D	COHEN, JEROME	504 NE 190TH ST	MIAMI, FL
1a			
2			
2a			
3			
3a			
4			
4a			
5			
5a			
6			

REGISTERED AGENT INFORMATION

7. Name and Street Address of New Registered Agent

COHEN, JEROME
504 ~~NE 190TH ST~~
MIAMI, FL 33179

8. Name and Address of New Registered Agent

81 Name

82 Street Address (Do NOT Use P.O. Box Number)

83 Street Address (Do NOT Use P.O. Box Number)

84 City: FL. | 85 Zip Code

9. Pursuant to the provisions of Section 607.0505 and 607.1508 (or Section 617.0502 and 617.1508), Florida Statutes, the above-named corporation submits the above designation of registered office and/or registered agent, or both, in the State of Florida. Such corporation is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Registered Agent (Required if Applicable))

10. Is this entity required to be licensed by the Secretary of State, Section 817.833, Florida Statutes? Yes ☒ No ☐ (See other side for information on which entities must answer yes.)

11. Each corporation filing for reinstatement, change of registered agent, or additional annual report is required to be signed by an officer or director. Any other signature shall have the same legal effect as if signed by an officer or director.

SIGNATURE: _____ DATE: 6/20/92.

Type or Print Name of Person Signing | Title | Daytime Telephone Number (Optional)

JEROME COHEN | PRESIDENT | (305) 653-1142

12. _____

File Now. Filing Fee after May 1 is $225.00

ANNUAL REPORT
1993

Division of Corporations

FILED
93 MAY 25 AM 10:59

DOCUMENT # L72608 (7)

A-1 FIRE SPRINKLER CORP.
% JEROME COHEN
504 NE 190TH ST
MIAMI FL 33179-3919

3. 05/14/1990 — 4. 07/15/1992

4. 650235993

FILING FEE $200.00

ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

$6.75
$5.00
$138.75

9. Name and Address of Current Registered Agent

COHEN, JEROME
504 NE 190TH ST
MIAMI FL 33179

10. Name and Address of New Registered Agent

84. FL

12.

D
COHEN, JEROME
504 NE 190TH ST
MIAMI FL

13.

SIGNATURE [signature] 5/24/93

JEROME COHEN PRESIDENT 305 653-1142

* FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 *

CORPORATION ANNUAL REPORT

1994

DOCUMENT # L72608

1. Corporation Name: A-1 Fire Sprinkler

Mailing Address / Principal Place of Business:

504 N.E. 190 Street
Miami, Florida 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Principal Place of Business (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

AMD FILED

94 SEP 23 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001290904
-10/03/94--01086--012
****200.00 ****200.00

3. Date last information is correct: 5/4/90
3a. Date of Last Report: 5/1/93

4. FEI Number: 65-0235993

5. Certificate of Status Desired: $8.75 ☐

6. [illegible] Property Trust Funds [illegible]: $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation was liable for intangible tax under S. 199.023, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Cohen, Jerome
504 N.E. 190 St.
Miami, Florida

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE: Jerome Cohen DATE 8/19/94

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS
11 TITLE: P	11 TITLE
12 NAME: Cohen, Jerome	12 NAME
13 STREET ADDRESS: 504 N.E. 190 St.	13 STREET ADDRESS
14 CITY ST ZIP: Miami, Florida 33179	14 CITY ST ZIP
21 TITLE	21 TITLE
22 NAME	22 NAME
23 STREET ADDRESS	23 STREET ADDRESS
24 CITY ST ZIP	24 CITY ST ZIP
31 TITLE	31 TITLE
32 NAME	32 NAME
33 STREET ADDRESS	33 STREET ADDRESS
34 CITY ST ZIP	34 CITY ST ZIP
41 TITLE	41 TITLE
42 NAME	42 NAME
43 STREET ADDRESS	43 STREET ADDRESS
44 CITY ST ZIP	44 CITY ST ZIP
51 TITLE	51 TITLE
52 NAME	52 NAME
53 STREET ADDRESS	53 STREET ADDRESS
54 CITY ST ZIP	54 CITY ST ZIP
61 TITLE	61 TITLE
62 NAME	62 NAME
63 STREET ADDRESS	63 STREET ADDRESS
64 CITY ST ZIP	64 CITY ST ZIP

14. To the best of my knowledge, I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I understand that the Division of Corporations may notify of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerome Cohen 8/19/94

(Signature and Typed or Printed Name of Officer or Director) (Date)

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DOCUMENT # L72608 (7)

A-1 FIRE SPRINKLER CORP.

Principal Place of Business:
% JEROME COHEN
504 NE 190TH ST
MIAMI FL 33179

Mailing Address:
% JEROME COHEN
504 NE 190TH ST
MIAMI FL 33179

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 05/14/1990
3a. Date of Last Amendment: 09/23/1994

2. Principal Place of Business
21
22
23
24 Country 25

2a. Mailing Address
26
27
28
29 Zip 30 Country

4. FEI Number: 65-0235883

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has ability to engage in business under Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, JEROME
504 NE 190TH ST
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and agree to comply with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jerome Cohen 4/25/95 (305)653-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. OFFICERS AND DIRECTORS

P
COHEN, JEROME
504 NE 190TH ST
MIAMI FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

14. I hereby certify that the information supplied with this filing is true, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, with the exception of the following: