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Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

300003283583--4
-06/09/00--01108--019
*****87.50 *****87.50

SUBJECT: American Safety & First Aid, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FILED
00 JUN -9 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Ellen Luppens
Name (Printed or typed)

3741 S.W. KASIN ST.
Address

Port Saint Lucie, FL 34953
City, State & Zip

1-561-334-1085
Daytime Telephone number

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

6-16

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

American Safety & First Aid, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Business: 3741 S.W. Kasin St.
Port Saint Lucie, FL 34953

mail: P.O. Box 880126
Port Saint Lucie, FL
34988-0126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide all manner of safety and firstaid supplies and products, as well as First Aid/CPR training and OSHA consultations as needed to businesses and/or individuals.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Ellen Luppens
3741 S.W. Kasin St.
Port St. Lucie, FL 34953

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Ellen Luppens
3741 S.W. Kasin St.
Port St. Lucie, FL 34953

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Ellen Luppens
3741 S.W. Kasin St.
Port St. Lucie, FL 34953

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Ellen Luppens
Signature/Registered Agent

6/7/00
Date

Ellen Luppens
Signature/Incorporator

6/7/00
Date