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Florida Department of State
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION

Total Fire Protection South, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: Total Fire Protection South, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

FROM: Lynwood P. VandenBosch, Esq.
Name (Printed or typed)
1700 E. Beltline, NE, Suite 200
Address
Grand Rapids, MI 49525
City, State & Zip
616.726.2201
Daytime Telephone number
lvandenbosch@fosterswift.com
E-mail address: (to be used for future annual report notification)

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

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: Total Fire Protection South, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2881 Golden Gate Blvd, E
Mailing address, if different is: same
Naples, FL 34120

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all lawful business.

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ARTICLE IV SHARES
The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Goossens, President & Director Name and Title: Ryan Goossens, Vice Pres & Director
Address: 5062 Kendrick Ct, SE Address: 5062 Kendrick Ct, SE
Grand Rapids, MI 49512 Grand Rapids, MI 49512

Name and Title: Harry J. Goossens, Treasurer & Director Name and Title: Paul Schmidt, Secretary
Address: 5062 Kendrick Ct, SE Address: 5062 Kendrick Ct, SE
Grand Rapids, MI 49512 Grand Rapids, MI 49512

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System

Address: 1200 South Pine Island Road
Plantation, FL 33324

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lynwood P. VandenBosch

Address: 1700 E. Beltline, N.E., Suite 200
Grand Rapids, MI 49525

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Angel Shearer **Angel Shearer** 12/14/2015
 Required Signature/Registered Agent Assistant Secretary Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

Lynwood P. VandenBosch 12-14-2015
 Required Signature/Incorporator Date
 Lynwood P. VandenBosch, Incorporator