P00000115366

Florida Department of State

Division of Corporations

Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000065762 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

GEM FIRE SYSTEM, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF INCORPORATION

OF

GEM FIRE SYSTEM, CORP.

ARTICLE I

The name of the corporation is: GEM FIRE SYSTEM, CORP.

ARTICLE II

The Corporation may engage in or transact in any or in all activity or business permitted under 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 One Hundred (100) shares of one class of common stock, having a par-value of One (\$1.00) Dollar per share. This 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 preemptive rights.

ARTICLE V

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

INITIAL REGISTERED AGENT: Loyda Sosa INITIAL PRINCIPAL OFFICE : 5860 NW 199 St. and REGISTERED OFFICE Miami, Fl. 33015 Having been named Initial Registered Agent to accept service of process of the Corporation 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.

ARTICLE VI

The number of Directors constituting the Initial Board of Directors of the Corporation are two, the number of Directors may be increased or decreased from time to time by Laws but shall never be less than one.

ARTICLE VII

The name and address of the members of the Initial Board of Directors is:

Name Address

Loyda Sosa 5860 NW 199 St.

Miami, Fl. 33015

Rafael Sosa 5860 NW 199 St.

Miami, Fl. 33015

ARTICLE VIII

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

Title/Name Address

President
Loyda Sosa 5860 NW 199 St.
100 % Share Miami, Fl. 33015

bo /6 Shale

Treasury
Rafael Sosa 5860 NW 199 St.
0 % Share Miami , Fl. 33015

* HOOO00065762 7

ACKNOWLEDMENT

STATE OF FLORIDA]

] SS

COUNTY OF MIAMI DADE]

Before a Notary Public authorized to take acknowledgment in the STATE OF FLORIDA and COUNTY OF MIAMI DADE, set forth above, personally appeared Loyda Sosa and Rafael Sosa to be the person(s) 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 here unto my hand and seal affixed in the STATE OF FLORIDA, COUNTY OF MIAMI DADE, this 15st. day of December, 2000.

Notary Public

STATE OF FLORIDA AT LARGE

My commission expires: August 11, 2003

REGINA G. RAMIREZ
Notary Public - State of Rorida
My Commission Expires Aug 11, 2003
Commission # CC842317

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 and 617.0501, Florida Statutes the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: GEM FIRE SYSTEM, CORP.
- 2. The name and addresses of the registered agent and office is:

Loyda Sosa 5860 NW 199 St. Miami, Fl. 33015

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED.IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTRERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.