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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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FOREIGN PROFIT/NONPROFIT CORPORATION

Automatic Fire Systems, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

MRS 9/6

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Automatic Fire Systems, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jason Christopher Jones

Name of Person

Automatic Fire Systems, Inc.

Firm/Company

P.O. Box 851

Address

Trussville, AL 35173

City/State and Zip code

automaticfiresystems@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Christopher Jones

Name of Person

at (205) 661-3388

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:



\$70.00 Filing Fee



\$78.75 Filing Fee &
Certificate of Status



\$78.75 Filing Fee &
Certified Copy



\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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. Automatic Fire Systems, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Alabama

(State or country under the law of which it is incorporated)

3. 63-1288387

(FEI number, if applicable)

4. December 10, 2001

(Date of incorporation)

5. N/A

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 901 Alton Parkway Birmingham, AL 35210

(Principal office address)

P.O. Box 851 Trussville, AL 35173

(Current mailing address)

8. _____

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. 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.

Connie Bryan

Assistant Secretary

Connie Bryan
(Registered agent's signature)

11. 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.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jason Christopher Jones

Address: 901 Alton Parkway

Birmingham, AL 35173

Vice Chairman: James Leslie Bryant

Address: 901 Alton Parkway

Birmingham, AL 35173

Director: Steven Scott Thomas

Address: 901 Alton Parkway

Birmingham, AL 35173

Director: _____

Address: _____

B. OFFICERS

President: Jason Christopher Jones

Address: 901 Alton Parkway

Birmingham, AL 35173

Vice President: James Leslie Bryant

Address: 901 Alton Parkway

Birmingham, AL 35173

Secretary: Susan Beth Miller

Address: 901 Alton Parkway, Birmingham, AL 35173

Treasurer: Tami Williamson Jones

Address: 901 Alton Parkway, Birmingham, AL 35173

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. James L Bryant

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. James Leslie Bryant

(Typed or printed name and capacity of person signing application)

Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Automatic Fire Systems, Inc.
was formed in Jefferson County, Alabama on December 10, 2001. The Alabama
Entity Identification number for this entity is 220-317. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or
terminated.

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TALLAHASSEE, FLORIDA



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In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.

9/2/2011

Date

Beth Chapman

Beth Chapman

Secretary of State