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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 922-4001

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
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FLORIDA NON-PROFIT CORPORATION

ALLIANCE FOR FIRE AND SMOKE CONTAINMENT AND CONTROL,

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be: Alliance for Fire and Smoke Containment and Control, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 767 S. State Road, Suite 21, Margate, FL 33068.

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are): To facilitate improved property protection and public welfare through education concerning and promoting the use of fire protection goods and services.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is: As stated in the bylaws.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

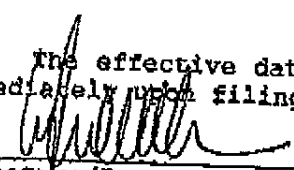
The name and Florida street address of the initial registered agent are: Ronald P. Glantz, Esquire, 7951 SW 6th Street, Suite 200, Plantation, FL 33324.

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are: Vickie Lovell, 767 S. State Road, Suite 21, Margate, FL 33068.

ARTICLE VII EFFECTIVE DATE

The effective date of the filing of the Articles of Incorporation shall be immediately upon filing.




Signature/Incorporator

Date

2-4-00

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 registered 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.



Signature/Registered Agent

Date

2/1/00

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