# N0000000890

# Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

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From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (800)881-6761

## 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 1

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

#### ARTICLE IY 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 (9)

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.

## INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE V

The name and Florida street address of the initial registered agent are: Ronald P. Glantz, Esquire, 7951 SW 5th 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 effective date of the filing of the Articles of Incorporation shall be albammi Signature/Incorporator

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 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	2/1/00 Date	· -
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