

COVER LETTER

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

SUBJECT: COLLIER COUNTY FIRE MARSHAL'S ASSOCIATION INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: DALE E. FEY, JR.
Name (Printed or typed)

6495 TAYLOR RD.
Address

NAPLES FL 34109
City, State & Zip

239-597-9227 239-289-2332
Daytime Telephone number

dfey@northcollierfire.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: COLLIER COUNTY FIRE MARSHAL'S ASSOCIATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2700 HORSESHOE DR. N.

NAPLES FLORIDA 34104

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO FURTHER THE INTEREST AND EFFECTIVENESS OF FIRE PREVENTION, PROTECTION AND LIFE SAFETY AND TO PROVIDE UNIFORM INTERPRETATIONS AND ENFORCEMENT OF CODES AND STANDARDS. TO PROMOTE A GOOD WORKING RELATIONSHIP WITH STATE, COUNTY AND LOCAL AGENCIES, ARCHITECTS, CONTRACTORS, DEVELOPERS AND ENGINEERS. TO PROMOTE PUBLIC FIRE PREVENTION EDUCATION. TO PROMOTE FIRE PROFESSIONALS' EDUCATION PROGRAMS. TO PROMOTE A COMPREHENSIVE FIRE ORIGIN AND CAUSE INVESTIGATION PROGRAM.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ACTIVE MEMBER NOMINATED AND ACCEPTED THEN MEMBERSHIP VOTES ON THE NOMINEES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHAWN M. HANSON - PRESIDENT Name and Title: _____

Address 2700 HORSESHOE DR. N. Address: _____

NAPLES, FL. 34104

Name and Title: DALE E. FRY, JR. - VICE PRESIDENT Name and Title: _____

Address 6495 TAYLOR RD. Address: _____

NAPLES FL. 34109

Name and Title: ROSALIE SIMMONS - TREASURER Name and Title: _____

Address 2800 HORSESHOE DR. N. Address: _____

NAPLES FL. 34109

OCT 17 AM 10:30

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: DALE E. FEY, JR.

Address: 6495 TAYLOR RD.
NAPLES FL. 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DALE E. FEY, JR.

Address: 6495 TAYLOR RD.
NAPLES FL. 34109

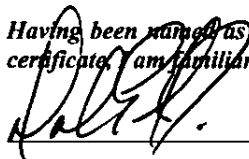
ARTICLE VIII EFFECTIVE DATE:

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.)

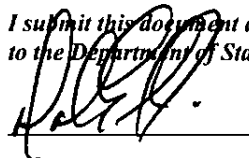
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 DALE E. FEY, JR.
Required Signature of Registered Agent

10/12/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

 DALE E. FEY, JR.
Required Signature of Incorporator

10/12/14
Date