

PU1000029865

TRANSMITTAL LETTER

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

800003877708--4
-03/19/01--01119--003
*****78.75 *****78.75

SUBJECT:

Specialty Sprinkler, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Lisa Darbro
Name (Printed or typed)

5101 N.W. 81st Ave #
Address

FL Lauderdale FL 33300
City, State & Zip

954-735-8770
Daytime Telephone number

FILED
01 MAR 19 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

8/3/23

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I. NAME

The name of the corporation shall be:

Specialty Sprinkler, Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business/ mailing address is:

927 S.W. 22nd Street
Fort Lauderdale, FL 33315

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV. SHARES

The number of shares of stock is:

100

ARTICLE V. INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Michael Reyna
927 S.W. 22nd Street
Ft. Lauderdale, FL 33315

ARTICLE VI. REGISTERED AGENT

The name and Florida street address registered agent is:

Michael Reyna
927 S.W. 22nd Street
Ft. Lauderdale, FL 33315

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Michael Reyna
927 S.W. 22nd Street
Ft. Lauderdale, FL 33315

I, 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

Michael Reyna
Signature/Registered Agent

2-12-0
Date

Michael Reyna
Signature/Incorporator

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