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TRANSMITTAL LETTER

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

SUBJECT: Cobra Fire & Safety, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Barbara Meyer

Name (Printed or typed)

P.O. Box 770373

Address

Ocala, FL 34477-0373

City, State & Zip

352-425-8929

Daytime Telephone number

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

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:

Cobra Fire & Safety, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 770373 Ocala, FL 34477-0373

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful activity for which corporations may be organized under the General Corporation Law of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100, all of which are to be common stock with no par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


Barbara Meyer 1210 Pine Lane St. Cloud, FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Meyer P.O. Box 770373 Ocala, FL 34477-0373

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



Signature/Registered Agent

3/11/03

Date



Signature/Incorporator

3/11/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA