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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (Cooking National) | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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TRANSMITTAL LETTER

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

| SUBJECT: ALL FORIDA FIRE Systems INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|--|--|--|-------------------------|--|
| | (Thorobe continue) | . WAREL - MOSE INCLOS | Journa | |
| Enclosed is an origin | nal and one(1) copy of the artic | les of incorporation and a | check for: | |
| ☐ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status | |
| FROM: Name (Printed or typed) 1811 Salmon Dr. Address TAllAHASSec Fl. 35303 City, State & Zip | | | | |
| 850-524-7177 Daytime Telephone number | | | | |

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



ARTICLÉS OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

All FLORIDA FIRE SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 4352

TALLACHASSEC, FL 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND AU HAWFUL BUSINESS IN The STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

NOAH J. SHIFLET - PRESIDENT

1811 SAlmon DA.

TALLAHASSEG, Fl. 32303

THOMAS WILLIAM TRAXIER 12322 WHITEHOUSERG TAILAHASSEE, FC 32317

VICE PRESIDENT

REGISTERED AGENT

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

HOAHJ. SHIPLET 1811 Solmon Dr.

TAMAHASSEG F. 3230 3 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NoAH J. SHIPLET 1811 SALMIN DR.

TAILA HASSEL, FL 32303

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

Date 4/25/03