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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN 25 PM 3:50

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## TRANSMITTAL LETTER

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

**SUBJECT:** NE FLORIDA AUTOMATIC SPRINKLER TRAINING &  
APPRENTICESHIP 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:** JOANN GENOTTI RAY

Name (Printed or typed)

3577 SHELDRAKE DR.

Address

JACKSONVILLE, FL 32223

City, State & Zip

904 268-4831

Daytime Telephone Number

**NOTE:** Please provide the original and one copy of the Articles.

FILED

05 JUL 25 PM 3: 5

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.*

### **ARTICLE I**

**CORPORATE NAME:** *The name of the Corporation shall be:*

**NE FLORIDA AUTOMATIC SPRINKLER  
TRAINING & APPRENTICESHIP INC.**

### **ARTICLE II**

**PRINCIPAL OFFICE:** *The principal place of business and mailing address of this corporation shall be:*

**3577 Sheldrake Dr  
JACKSONVILLE, FL 32223**

### **ARTICLE III**

**PURPOSE:** *The purpose for which the corporation is organized is to conduct training for a registered apprenticeship in safety within accordance of the business laws for the State of Florida.*

### **ARTICLE IV**

**AUTHORIZED CAPITAL STOCK:** *The total number of shares of which the Corporation shall have the authority to issue is 5000 shares, and the par value of each share shall be:*

**\$1.00/share**

*ARTICLE V*  
*INITIAL OFFICERS:*

*PRESIDENT: JoAnn Genotti Ray*  
*3577 Sheldrake Dr. JACKSONVILLE, FL 32223*  
*VICE PRESIDENT: Adrian J Genotti III*  
*3577 Sheldrake Dr. JACKSONVILLE, FL 32223*  
*Secretary: David L Ray*  
*3577 Sheldrake Dr. JACKSONVILLE, FL 32223*

*ARTICLE VI*

*INITIAL REGISTERED OFFICE/AGENT: The street address of the Corporation's initial registered office in the State of Florida is:*

*3577 Sheldrake Dr. JACKSONVILLE, FL 32223*  
*and the name of its initial registered agent at such address is:*


*Gary Place*

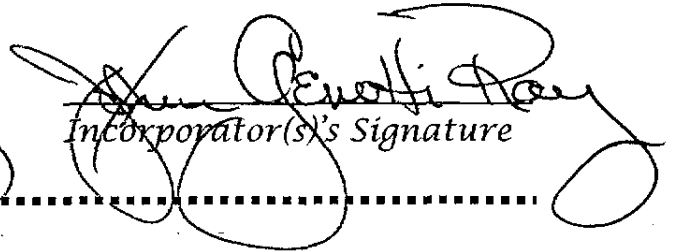
*ARTICLE VII*

*INCORPORATOR(S): The name and address of the incorporator(s) to theses Articles of Incorporation are:*

*JoAnn Genotti Ray*  
*3577 Sheldrake Dr.*  
*JACKSONVILLE, FL 32223*

*The undersigned has executed these Articles of Incorporation on this, the 18<sup>th</sup> day of July 2005*

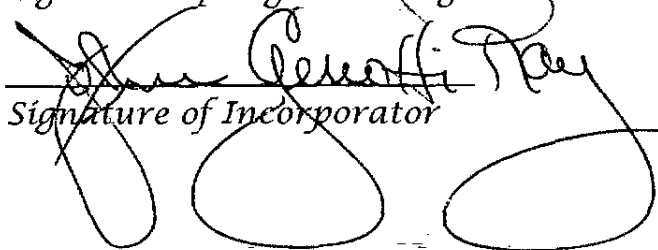
  
Incorporator's Signature

  
Incorporator(s)'s Signature

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 of Registered Agent

7/15/05  
Date

  
Signature of Incorporator

7/15/05  
Date