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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT:	Fire Barriers, Inc.				
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l 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		
		ADDITIONAL CO	Status		
	·				
FROM:	Barry G. Roderman, Esq.				
-	Name (Printed or typed)				
	500 W. Cypress Creek	Daniel Colta 270			
	Ft. Lauderdale, FL 333	Ft. Lauderdale, FL 33309			
	City,	, State & Zip			
	(954) 761-8810	·			
		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:

Fire Barriers, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle <u>street</u> address and mailing address, if different is: 7223 N.W. 66th Terrace, Parkland, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For business purposes.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John Grimaldi, President

7223 N.W. 66th Terrace, Parkland, FL 33067

Alma L. Coats, Vice President

7223 N.W. 66th Terrace, Parkland, FL 33067

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

John Grimaldi

7223 N.W. 66th Terrace, Parkland, FL 33067

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Barry G. Roderman, Esq. 500 W. Cypress Creek Road, Suite 370 Ft. Lauderdale, FL 33309

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
Signature/Incorporator

Date / Date

TOOR APR 3 D 3 15

ALLAHASSFLOF STATE