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| (Re                                     | questor's Name)     | <del> </del>   |  |  |
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| (Cit                                    | y/State/Zip/Phone # | <del>(</del> ) |  |  |
| PICK-UP                                 | ☐ WAIT              | MAIL           |  |  |
| · (Bu                                   | siness Entity Name  | e)             |  |  |
| (Document Number)                       |                     |                |  |  |
| Certified Copies                        | Certificates o      | of Status      |  |  |
| Special Instructions to Filing Officer: |                     |                |  |  |
|   |                     |                |  |  |
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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:                          | Triangle Fire Protection, Inc.                                     |                                       |                    |  |
|-----------------------------------|--|---------------------------------------|--------------------|--|
| Fuelosed are an ede               | ·  | TE NAME – <u>MUST INCL</u>            |                    |  |
| Enclosed are an orig              | inal and one (1) copy of the arti                                  | cies of incorporation and             | a check for:       |  |
| ☐ \$70.00<br>Filing Fee           | ☐ \$78.75 Filing Fee & Certificate of Status                       | □ \$78.75 Filing Fee & Certified Copy | <ul><li></li></ul> |  |
|                                   |  | ADDITIONAL CO                         | PY REQUIRED        |  |
| FROM:                             | Name   | Ice Prats (Printed or typed)          |                    |  |
|                                   | Address  |                                       |                    |  |
| Miami, FL 33166 City, State & Zip |  |                                       |                    |  |
|                                   | City,  | State & Zip                           |                    |  |
|                                   |  | -592-3011<br>elephone number          |                    |  |
|                                   | Daytime 1  | cieptione number                      |                    |  |
|                                   | dulce@tr   | ianglefire.com                        |                    |  |
|                                   | E-mail address: (to be used for future annual report notification) |                                       |                    |  |

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: Triangle Fire Protection, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 7720 NW 53 Street Miami, FL 33166

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general purpose for which this corporation has been initially organized shall include, without limitation, the transaction of any and all lawful business for which corporations may be incorporated under Florida Statutes 607.

### ARTICLE IV SHARES

The number of shares of stock is:

Two hundred (200) shares of common stock with a par value of One Dollar (\$1.00) per share.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Raquel Cano, President, 7720 NW 53 Street, Miami, FL 33166 Orlando Alfonso, Vice-President, 7720 NW 53 Street, Miami, FL 33166

#### ARTICLE VI REGISTERED AGENT

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

Dulce Prats 7720 NW 53 Street Miami, FL 33166

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Dulce Prats 7720 NW 53 Street Miami, FI 33166

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 Date

Signature/Incorporator Date