

P110000007502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

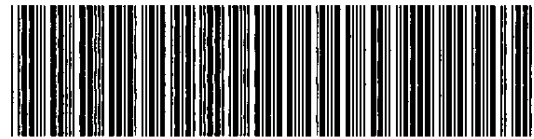
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000191846960

01/20/11--01004--020 \*\*78.75

FILED

11 JAN 20 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS  
1-24/11

**COVER LETTER**

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

SUBJECT: American Fire Sprinkler Services, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Anisa Oweis  
Name (Printed or typed)

16221 NW 57th Avenue  
Address

Miami FL 33014  
City, State & Zip

305-525-2331 / 305-628-0100  
Daytime Telephone number

sprinklerheads@bellsouth.net  
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: American Fire Sprinkler Services, Inc.

FILED

11 JAN 20 PM 3:53

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16221 NW 57th Avenue  
Miami FL 33014

Mailing address, if different is: DEPT OF STATE  
16221 NW 57th Avenue  
Miami FL 33014

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To provide an effective and efficient service in the field of fire sprinkler protection to the entire metropolitan area of South Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anisa Oweis / President Name and Title: N/A  
Address: 16221 NW 57th Avenue Address: \_\_\_\_\_  
Miami FL 33014 \_\_\_\_\_

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Anisa Oweis  
Address: 16221 NW 57th Avenue  
Miami FL 33014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anisa Oweis  
Address: 16221 NW 57th Avenue  
Miami FL 33014

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

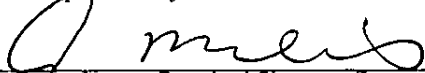


Required Signature/Registered Agent

01/17/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

01/17/2011

Date