## P1200023442

| (Requestor's Name)                      |                    |                  |  |  |  |
|---|--------------------|------------------|--|--|--|
| (Address)                               |                    |                  |  |  |  |
|   |                    |                  |  |  |  |
| (Ad                                     | dress)             |                  |  |  |  |
| (Cit                                    | iy/State/Zip/Phone | <del>: #</del> ) |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL             |  |  |  |
| (Bu                                     | siness Entity Nam  | ne)              |  |  |  |
|   |                    | •                |  |  |  |
| (Do                                     | ocument Number)    |                  |  |  |  |
| Certified Copies                        | _ Certificates     | of Status        |  |  |  |
| Special Instructions to Filing Officer: |                    |                  |  |  |  |
| e de<br>Se de                           |                    |                  |  |  |  |
| *<br>*<br>*                             |                    |                  |  |  |  |
| 1                                       |                    |                  |  |  |  |
| Rec 2/13/17                             | soll s             | Manay            |  |  |  |

Office Use Only

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5 3h/12

## **COVER LETTER**

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

| SUBJECT: Global Fireproof Solutions, 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 | of       |                  |
| FROM: Kelly Pitcher  Name (Printed or typed)   |          |                  |
| 10239 Thompson Place Address   |          | <u></u>          |
| Clermont, Florida 34711 City, State & Zip  | 12 MAR - | YISEN S          |
| 352-250-6642  Daytime Telephone number   | -9 PM I  | FILED<br>FILEROF |
| kap@noburnse.com E-mail address: (to be used for future annual report notification)                  | l: 25    | STATE<br>RATIONS |

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2012

KELLY PITCHER 10239 THOMPSON PLACE CLERMONT, FL 34711

SUBJECT: GLOBAL FIREPROOF SOLUTIONS, INC.

Ref. Number: W12000008785

We have received your document for GLOBAL FIREPROOF SOLUTIONS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

| Filing Fees           | \$35.00 |
|-----------------------|---------|
| Registered Agent      |         |
| Designation           | \$35.00 |
| Certified Copy        | \$8.75  |
| Certificate of Status | \$8.75  |

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 612A00006771

SECRETARY OF STATE ORPORATIONS

12 MAR -9 PM 1: 25

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

|                            | In compliance with Chapter 607 and/o   | or Chapter 62                  | 1, F.S. (Profit)   |
|----------------------------|--|--------------------------------|--|
| ARTICLE I The name of the  | NAME Global Fireproof Solutions corporation shall be:  | s, Inc.                        | SECRETARY OF STAT  |
| <u>ARTICLE II</u>          | PRINCIPAL OFFICE  Principal street address  1502 Max Hooks Road  Suite E  Groveland, Florida 34736                                   |                                | 12 MAR -9 PM 1: 25  Mailing address, if different is:                                |
|                            | PURPOSE which the corporation is organized is: tion Application  |                                |  |
| ARTICLE IV The number of s | SHARES hares of stock is:100   |                                |  |
|                            | INITIAL OFFICERS AND/OR DIRECTORS Title: Christopher G. Birchfield. President 10239 Thompson Place Clermont, Florida 34711           | Name and T                     | itle:Kelly Pitcher, Sec/Treasurer<br>10239 Thompson Place<br>Clermont, Florida 34711 |
| Name and Address:          | Title: Mike Latham, Architectural Director 1502 Nax Hooks Rd Swik E Groveland, Fr. 34736   |                                | itle:  |
| Name and Address:          | Title: Mark Bing, Technology Director<br>3360 Cherrydale Dr.<br>Smyrna, GA 30060   | Name and T<br>Address:         | itle:  |
| ARTICLE VI                 | DECISTEDED ACENT   |                                |  |
|                            | REGISTERED AGENT  Norida street address (P.O. Box NOT acceptable) of the Kelly Pitcher  10239 Thompson Place Clermont, Florida 34711 | he registered a                | ngent is:  |
|                            | INCORPORATOR  ddress of the Incorporator is:  Kelly Pitcher  10239 Thompson Place Clermont, Florida 34711                            |                                |  |
|                            | med as registered agent to accept service of process f<br>am familiar with and accept the appointment as regist                      |                                |  |
| Ke                         | ClyAftku Required Signature/Registered Agent   |                                | 2/1/12   |
|                            | Required Signature/Registered Agent  |                                | Date   |
| document to the            | cument and affirm that the facts stated herein are to<br>Department of State constitutes a third degree felony of<br>Ully OPTOM      | rue. I am aw<br>as provided fo | are that the false information submitted in a or in s.817.155, F.S. $2/7/12$         |
|                            | I Required Signature/Incorporator  |                                | Date   |