

P14 0000 83786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

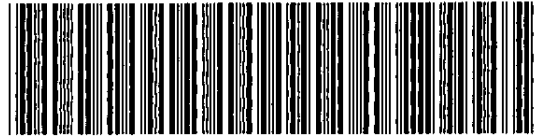
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600263699536

10/10/14--01030--009 **78.75

RECEIVED
DEPARTMENT OF STATE
14 OCT 10 PM 1:55

14 OCT 10 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

11/4

Sunstate Research
Requester's Name

Address

City/State/Zip

Phone #

686-5454

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. GEM Fabrication and Supply of
(Corporation Name) (Document #)

2. Florida, Inc
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: GEM Fabrication and Supply of Florida, Inc.

14 OCT 10 AM 8:07

ARTICLE II PRINCIPAL OFFICE

Principal street address
586 Commercial Avenue, Garden City, NY 11530

Mailing address **SECRETARY OF STATE**
TALENTS FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The manufacture and distribution of complete overhead fire protection systems and associated parts

ARTICLE IV SHARES

The number of shares of stock is: Two Hundred (200) at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED (cont.)

14 OCT 10 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

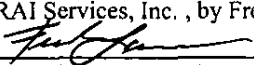
Name: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

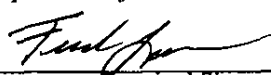
The **name and address** of the Incorporator is:

Name: Fred Larison
Address: 309 Hamilton Street
Albany, New York 12210

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

By: NRAI Services, Inc. , by Fred Larison, Assistant Secretary
 10/9/14
Required Signature/Registered Agent 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.

 10/9/14
Required Signature/Incorporator Date
Fred Larison, Incorporator