

PK500057077

**Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
DADE COUNTY FIRESTOP, CORP**

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No. 9370 P. 8

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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: DADE COUNTY FIRESTOP, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
12401 SW 134 CT SUITE # 12
MIAMI, FL 33186

Mailing address, if different is:
12401 SW 134 CT SUITE #12
MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INSULATION FIRE STOPING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUISNEY HERNANDEZ

Address: PRESIDENT

12401 SW 134 CT SUITE # 12

MIAMI, FL 33186

Name and Title: LUIS VILCHES

Address: VICE-PRESIDENT

12401 SW 134 CT SUITE #12

MIAMI, FL 33186

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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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: LUISNEY HERNANDEZ

Address: 12401 SW 134 CT SUITE #12
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUISNEY HERNANDEZ

Address: 12401 SW 134 CT SUITE #12
MIAMI, FL 33186

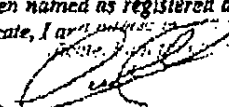
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ARTICLE VIII EFFECTIVE DATE: 07/02/2015 (OPTIONAL)

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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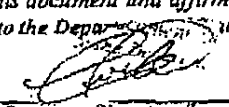
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

 Date

I submit this document and affirm that the facts stated here 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

 Date

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