

**P15000057086**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000166789 3)))



H150001667893ABCA

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

RECEIVED

15 JUL -8 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL -8 AM 8:41

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**FIRESTOP SOLUTION OF AMERICA, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

05/19/2033 06:24  
Jul. 8. 2015 10:53AM

#5063 P.002/003

No. 9370 P. 2  
H15000166789

**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: FIRESTOP SOLUTION OF AMERICA, 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: ALEIRAM HERRERA

Address: PRESIDENT

12401 SW 134 CT SUITE # 12

MIAMI, FL 33186

Name and Title: ALEXEY HERNANDEZ

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: \_\_\_\_\_

Address: \_\_\_\_\_

H15000166789

05/19/2033 06:25  
Jul. 8. 2015 10:53AM

#5083 P. 003/003  
No. 9370 P. 3

H15000166789

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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

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

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/02/2015, (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

x [Signature]  
Required Signature/Registered Agent

07/02/2015  
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.*

x [Signature] x [Signature]  
Required Signature/Incorporator

07/02/2015  
Date

H15000166789