

05/19/2033 08:2

5061 P.001/003

P15000057069

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.

(((H15000166786 3)))



H150001667863ABC7

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

RECEIVED

15 JUL -8 PM 4:47

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL -8 AM 8:47

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
A & L FIRESTOP, CORP**

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

05/19/2033 06:22
Jul. 8. 2015 10:53AM

#5061 P.002/003

No. 9370 P. 4

H 15000166786

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: A & L 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: DOUGLAS HERNANDEZ

Address: PRESIDENT

12401 SW 134 CT SUITE # 12

MIAMI, FL 33186

Name and Title: CARLOS J. GOMEZ

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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL - 8 AM 8:47

FILED

H 15000166786

05/19/2033 06:22
Publ. 8. 2015 10:53AM

15000158786

Address _____ Address: _____

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

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

The name and address of the Incorporator is:

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

ARTICLE VIII EFFECTIVE DATE: 07/02/2015
Effective date, if other than the date of filing: _____ (OPTIONAL)

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 or selected agent to accept service of process for the above stated corporation at the place designated in this certificate, I do hereby accept or with and accept the appointment as registered agent and agree to act in this capacity

X 10/15 _____ 07/02/2015

 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.

X 10/11/13 X 07/02/2015
 Required Signature/Incorporator Date

H 15000166786