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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SOUTH FLORIDA LIFE SAFETY, CORP

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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: SOUTH FLORIDA LIFE SAFETY, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
12349 SW 132 CT	12349 SW 132 CT
MIAMI, FL 33186	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: YERMANI HERNANDEZ	Name and Title: YASIEL MEDEROS
Address: PRESIDENT	Address: VICE-PRESIDENT
12349 SW 132 CT	12349 SW 132 CT
MIAMI, FL 33186	MIAMI, FL 33186
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

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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: YERMANI HERNANDEZ

Address: 12349 SW 132 CT

MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: YERMANI HERNANDEZ

Address: 12349 SW 132 CT

MIAMI, FL 33186

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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 _____ 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 _____ X _____ 07/02/2015

Required Signature/Incorporator Date