Apr 29 16 03:17p

4/27/2016



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.

(((H16000104888 3)))



H160001048883ABC3

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

: API PROCESSING - LICENSING (TAMAP OFFICE)

0 0

01

\$70.00

Account Number : I20150000120 Phone

: (954)233-0222

Fax Number

: (954)206-0422

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

FLORIDA PROFIT/NON PROFIT CORPORATION

Z & A FIRE PROTECTION SYSTEM, INC.

Certificate of Status Certified Copy Page Count Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

p.2

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Z&.	A FIRE PROTECTION SYSTE	M, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIR		
FROM:	ANGELA BRAGG Name (Printed or typed)			
	1776 7	UTTLE LANE		
	Address			
	WESLEY CHAPEL, FL. 33543			
	City	. State & Zip	-	
	954-233-0222			
	Daytime 1	Telephone number	-	
	angela@	apiprocessing.com		
	E-mail address: (to be use	d for future annual report	notification)	

NOTE: Please provide the original and one copy of the articles.

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

ICLE II PRINCIPAL OFFICE					
759 SW 96TH S	Principal street address T	Mailing add	Mailing address, if different is:		
AMI. FL 33196		.			
FICLE III PURI purpose for which	POSE the corporation is organized is: FIRE SPR	INKLER COMPANY			
		P			
FICLE IV SHALL number of shares of	<u>RES</u> f stock is: 10,000		-1		
number of shares of	of stock is: 10,000				
number of shares of	of stock is: 10,000		6 APR 2		
number of shares of	of stock is: 10,000 IAL OFFICERS AND/OR DIRECTORS IE: OTTO SOTOMAYOR/ PRESIDENT	Name and Title:	6 APR 29 SECKETALT		
number of shares of	of stock is: 10,000	Name and Title:	6 APR 29 PI		
number of shares of TICLE V INIT. Name and Ti	of stock is: 10,000 IAL OFFICERS AND/OR DIRECTORS IE: OTTO SOTOMAYOR/ PRESIDENT	Name and Title:Address:	6 APR 29 PILLA BECKETALY A		
number of shares of TICLE V INIT. Name and Tic Address	of stock is: 10,000 AL OFFICERS AND/OR DIRECTORS Le: OTTO SOTOMAYOR/ PRESIDENT 16759 SW 96TH ST MIAMI, FL 33196 PRISCILA SOTOMAYOR/	Name and Title: Address:	6 APR 29 PILL: 11 SECRETALY A SEF FLORIDA		
number of shares of TICLE V INIT. Name and Tit Address Name and Titl	of stock is: 10,000 AL OFFICERS AND/OR DIRECTORS Ile: OTTO SOTOMAYOR/ PRESIDENT 16759 SW 96TH ST MIAMI, FL 33196 PRISCILA SOTOMAYOR/ C: VICE PRESIDENT	Name and Title: Address: Name and Title:	6 APR 29 PILL: 11 SECRETALY A SEF FLORIDA		
number of shares of TICLE V INIT. Name and Tic Address	of stock is: 10,000 AL OFFICERS AND/OR DIRECTORS Ile: OTTO SOTOMAYOR/ PRESIDENT 16759 SW 96TH ST MIAMI, FL 33196 PRISCILA SOTOMAYOR/ C: VICE PRESIDENT	Name and Title: Address:	6 APR 29 PILL: 11 SECRETALY A SEF FLORIDA		
number of shares of TICLE V INIT. Name and Tit Address Name and Titl	of stock is: 10,000 IAL OFFICERS AND/OR DIRECTORS Ie: OTTO SOTOMAYOR/ PRESIDENT 16759 SW 96TH ST MIAMI, FL 33196 PRISCILA SOTOMAYOR/ c: VICE PRESIDENT 16759 SW 96TH ST	Name and Title: Address: Name and Title:	6 APR 29 PILL: 11 SECRETALY A SEF FLORIDA		
number of shares of the control of t	of stock is: 10,000 IAL OFFICERS AND/OR DIRECTORS Ie: OTTO SOTOMAYOR/ PRESIDENT 16759 SW 96TH ST MIAMI, FL 33196 PRISCILA SOTOMAYOR/ c: VICE PRESIDENT 16759 SW 96TH ST	Name and Title: Address: Name and Title: Address:	6 APR 29 PILL: 11 SECRETALY A SEF FLORIDA		

Name an	d Title:	Name and Title:	
Address		Address:	
	<i>REGISTERED AGENT</i> Torida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	API PROCESSING-LICENSING, INC.		
Address:	3419 GALT OCEAN DR. SUITE A	_	
	FT. LAUDERDALE, FL 33308		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		As 5
Name:	OTTO SOTOMAYOR	_	CRE APR
Address:	16759 SW 96TH ST.		758 29 TAR
	MIAMI, FL 33196	-	
Effective date, if	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) not be more than five business day	s prior or 90 business
	iling.) e inserted in this block does not meet the applicable effective date on the Department of State's record		date will not be listed as
	med as registered agent to accept service of proc am familiar with and accept the appointment as		
	Dawn R. Johnson Required Signatura/Registered Agent		4/28/2016
	Required Signature Registered Agent		Date
dogliment to the	cument and affirm that the facts stated herein a Department of State constitutes a third legroe f	ge true. I am aware that the false in ony as provided for in s.817.155, F.S	formation submitted in a
Regu	ired Signature to perator		Date