

PL16000039943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

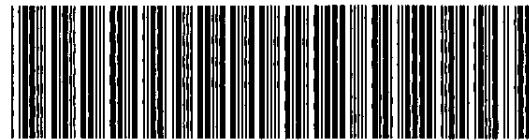
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400280664434

01/08/16--01011--001 **70.00

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
16 MAY -6 AM 7:22

FILED



FIREPROOF SAFETY EQUIPMENT COMPANY

MAIN SHOP
14328 S.W. 167th Terrace
Miami, Florida 33177
(305) 305-0508
Licensed & Insured

9770 S. Military Trl #777
Boynton Beach, Florida 33436
(561) 405-1230
Licensed & Insured

To whom it may concern,

I, Seth Segura, am releasing the name FIREPROOF SAFETY EQUIPMENT COMPANY,
as of today December 8, 2015.

THANK YOU!

Seth Segura

COVER LETTER

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

FIREPROOF SAFETY EQUIPMENT COMPANY

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 REQUIRED

SET E SEGURA
FROM: _____
Name (Printed or typed)

11721 SW 122 AVE

Address

MIAMI, FL 33186

City, State & Zip

305-305-0508

Daytime Telephone number

fireproofsafety@aol.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2016

SET E SEGURA
11721 SW 122 AVE
MIAMI, FL 33186

SUBJECT: FIREPROOF SAFETY EQUIPMENT COMPANY
Ref. Number: W16000004342

We have received your document for FIREPROOF SAFETY EQUIPMENT COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 816A00001415

RECEIVED
16 MAY -6 AM 10:38
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME **FIREPROOF SAFETY EQUIPMENT COMPANY**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11721 SW 122 AVE, MIAMI, FL 33186

ARTICLE III PURPOSE

TO SERVICE FIRE EXTINGUISHERS

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES **NONE**

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

SET E SEGURA, PRESIDENT

Name and Title: _____ Name and Title: _____

11721 SW 122 AVE

Address: _____ Address: _____

MIAMI, FL 33186

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

RECEIVED
FLORIDA
CORPORATION
COMMISSIONER
16 MAY - 6 AM 7:22
FILED
FILED

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: SET E Segura
Address: 11721 SW 122 AVE
MIAMI FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SET E SEGURA
Name: _____
Address: 11721 SW 122 AVE, MIAMI, FL 33186

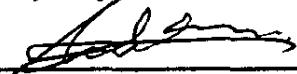
ARTICLE VIII EFFECTIVE DATE: 12-01-15

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.)

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

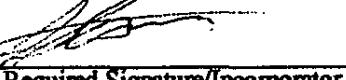


Required Signature/Registered Agent

12-8-15

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.



Required Signature/Incorporator

12-8-15

Date