

P16000080574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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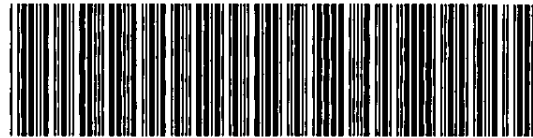
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING

OCT - 4 2016

COVER LETTER

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

SUBJECT: American Firefighter Inc.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Barbara L. Meyer
Name (Printed or typed)

5715 Hwy 85 N #2398
Address

Crestview, FL 32536
City, State & Zip

850-797-5528
Daytime Telephone number

happycamper26@outlook.com
E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: American Firefighter, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5715 Hwy 85 N #2398
Crestview, FL 32536

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara L. Meyer Name and Title: President

Address: 5715 Hwy 85 N Address: _____
#2398

Crestview, FL 32536

Name and Title: Robert M. Coleman, 3RD Name and Title: Vice President

Address: 510 Royce St. Address: _____
Altadena, CA 91001

Name and Title: Barbara L. Meyer Name and Title: Secretary

Address: 5715 Hwy 85 N Address: _____
#2398

Crestview, FL
32536

Name and Title: Robert M. Coleman, 3RD Name and Title: Treasurer
Address: 510 Royce St. Address: _____
Altadena, CA _____
91001 _____

ARTICLE VI REGISTERED AGENT

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

Name: Barbara L. Meyer
Address: 5715 Hwy 85N #2398
Crestview, FL. 32536

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Barbara L. Meyer
Address: 5715 Hwy 85N #2398
Crestview, FL. 32536

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/1/2016 (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

B. Meyer 9-27-16
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.

B. Meyer 9-27-16
Required Signature/Incorporator Date