

P180000000119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

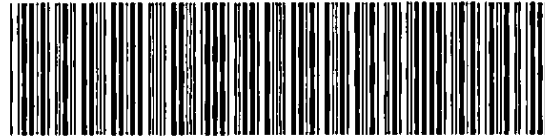
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 02 2018

T SCHROEDER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 1/2 Glinda

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** Articles _____

1. **FIREAPPLES INC.**

(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
- _____ (CORPORATE NAME AND DOCUMENT #)
- _____ (CORPORATE NAME AND DOCUMENT #)
- _____ (CORPORATE NAME AND DOCUMENT #)
- _____ (CORPORATE NAME AND DOCUMENT #)

**ECIAL
STRUCTIONS:**

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: FireApples Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10209 Morey Court

Golden Oak, FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Timothy Winslow Kashani - President

Address: 10209 Morey Court

Golden Oak, FL 32836

Name and Title: Tim Kashani - Vice President

Address: 10209 Morey Court

Golden Oak, FL 32836

Name and Title: Tim Kashani - CFO / Treasurer

Address: 10209 Morey Court

Golden Oak, FL 32836

Name and Title: Tim Kashani - Secretary

Address: 10209 Morey Court

Golden Oak, FL 32836

Name and Title: Tim Kashani - Director

Address: 10209 Morey Court

Golden Oak, FL 32836

Name and Title: _____

Address: _____

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: Tim Kashani
Address: 10209 Morey Court
Golden Oak, FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tim Kashani
Address: 10209 Morey Court
Golden Oak, FL 32836

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TALLAHASSEE, FLORIDA

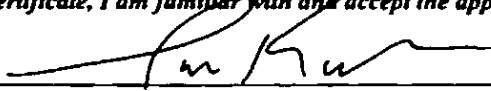
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

01/01/2018

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

01/01/2018

Date