

Division of State
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.

((H19000335144 3)))



H190003351443ABC/

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL AMERICAN FIREPROOFING, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

NOV 19 2019

T. SCOTT

FILED

2019 NOV 18 PM 12:10

2019 NOV 18 PM 12:10

Electronic Filing Menu

Corporate Filing Menu

Help

[Handwritten signature]

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ALL AMERICAN FIREPROOFING, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address7380 SW 36STMIAMI, FL 33155

Mailing address, if different is:

7380 SW 36 STMIAMI, FL 33155**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARISLBIDY HERNANDEZAddress: PRESIDENT7380 SW 36 STMIAMI, FL 33155

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2019 NOV 18 PM 12:13
SECRET
TALLAHASSEE, FL 32310

FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ARISLEIDY HERNANDEZ
Address: 7380 SW 36 ST
MIAMI, FL 33155

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

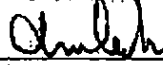
Name: ARISLEIDY HERNANDEZ
Address: 7380 SW 36 ST
MIAMI, FL 33155

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 11/12/2019 (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

x  11/12/2019
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  11/12/2019
Required Signature/Incorporator Date