

11/29/21, 9:56 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P21 000 99856

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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**New Fire-4, Inc.**

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

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1ST BEFORE
COVERSHEET
H210004342703.
THIS IS A 1-2
FILING, THANKS!**

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: New Fire-4, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
312745 Gran Bay Parkway, Suite 150,
Jacksonville, Florida 32258Mailing address, if different is:

_____**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: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Robin O. Sorensen - President & Executive ChairmanAddress: 312745 Gran Bay Parkway, Suite 150,
Jacksonville, Florida 32258Chris R. Sorensen - Vice President
Secretary & DirectorName and Title: _____
Address: 312745 Gran Bay Parkway, Suite 150
Jacksonville, Florida 32258Name and Title: Stephen C. Joost - Treasurer & DirectorAddress: 312745 Gran Bay Parkway, Suite 150,
Jacksonville, Florida 32258Name and Title: _____
Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2021 NOV 29 PM 2:10
S.C.
CLERK OF COURT
JACKSONVILLE, FLORIDA

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: Robin O. Sorensen
 Address: 12735 Gran Bay Parkway, Suite 150
Jacksonville, Florida 32258

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robin O. Sorensen
 Address: 12735 Gran Bay Parkway, Suite 150
Jacksonville, Florida 32258

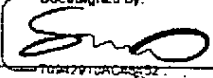
ARTICLE VIII EFFECTIVE DATE:

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

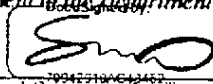


 Required Signature/Registered Agent
 Name: Robin O. Sorensen

11/28/2021

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

11/28/2021

Date

Name: Robin O. Sorensen