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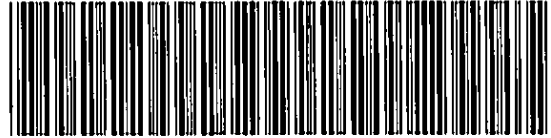
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2022 JAN 31 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FL
2022 JAN 31 PM 3:26
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Firetech Monitoring 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: API Processing - Licensing, Inc.
Name (Printed or typed)

3419 Galt Ocean Drive, Suite A
Address

Fort Lauderdale, FL 33308
City, State & Zip

954/567-0013
Daytime Telephone number

kathy@apiprocessing.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: Firetech Monitoring Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1144 South Congress Avenue

Palm Springs, FL 33406

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: Brian J. Chierichella P Name and Title: William R. Parker, Secretary

Address: 1144 South Congress Avenue Address: 1144 South Congress Avenue

Palm Springs, FL 33406 Palm Springs, FL 33406

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: API Processing - Licensing, Inc.

Address: 3419 Galt Ocean Drive, Suite A

Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

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

Name: API Processing - Licensing, Inc.

Address: 3419 Galt Ocean Drive, Suite A

Fort Lauderdale, FL 33308

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

Kathy Ballam

Required Signature/Registered Agent

01/27/2022

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.

Kathy Ballam

Required Signature/Incorporator

01/27/2022

Date