

P220000025979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

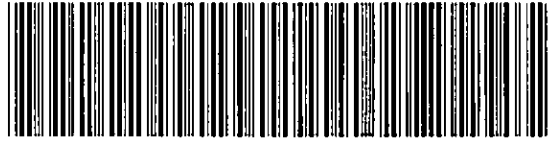
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700384849557

04/05/22--01041--022 **87.50

FILED

2022 APR -5 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 APR -5 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: wlopez@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <u>Mid State Fire</u> <u>Equipment Inc.</u>	FOR OFFICE USE ONLY

PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY ☒ C.U.S.

FILING:

☒ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN
☐ OTHER _____

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY
Of _____

APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 4/5/22 TIME _____

Notes: _____

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: Mid State Fire Equipment Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

836 NE 7th Terrace

Suite 10

Cape Coral, FL 33909

ARTICLE III PURPOSE

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

FILED
2022 APR -5 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John C. Neal P/D

Name and Title: _____

Address 836 NE 7th Terrace

Address: _____

Suite 10

Cape Coral, FL 33909

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Registered Agents Inc.

Address: 7901 4th St N, Suite 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATOR

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

Name: John C. Neal

Address: 836 NE 7th Terrace, Suite 10

Cape Coral, FL 33909

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/4/2022. (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

/s/ Bill Havre for Registered Agents Inc. _____

Required Signature/Registered Agent

4/4/2022

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.

/s/ John C. Neal _____

Required Signature/Incorporator

4/4/2022

Date

FILED
2022 APR -5 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL