

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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 Phone : (305)552-5973
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****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 IN ONE FIRE, INC**

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

RECEIVED

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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 COMMERCIAL SERVICES

FLORIDA DEPARTMENT OF STATE
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Handwritten signature

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:ALL IN ONE Fire, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8350 NW 52nd Ter. Suite 301Doral, FL 33166**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**William Lazaro Larroche, President

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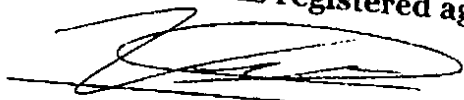
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

William Lazaro Larroche8350 NW 52nd Terr.#301 Doral FL 33166**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:William Lazaro Larroche8350 NW 52nd Terr.#301 Doral FL 33166

Required Signatures:

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



Registered Agent

06-22-23

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.



Incorporator

06-22-23

Date

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