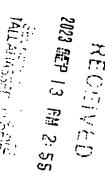
# P23000066591

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	<del></del>
(Cit	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



900415235329



## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



### **ORDER FORM**

FROM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 9/13/2023	PRIORITY Regular Approval	OUR REF_# (Order_ID#) 1177400
ORDER ENTITY IGNIS SAFETY US INC.		
IGNIS SAFETY US INC. (FL)	WING SERVICES:	
Please file the attached articles a	and provide a certified copy and certificat	e of status.
NOTES:		
\$87.50 Authorized		
RETURN/FORWARDING INSTE ACCOUNT NUMBER: I2005000005	RUCTIONS:	
Please bill the above referenced ac	count for this order.	
If you have any questions please of	contact me at 656-7956,	

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Sincerely,

# **COVER LETTER**

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

SUBJECT:	Ignis Safety US Inc.		
<u></u>	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DET REQUIRED
FROM:	Avi Guttman Nam	e (Printed or typed)	
	155 University Avenue, Su		
	Toronto, Ontario, Canada	Address a. M5H 3B7	
<del></del>	City	, State & Zip	
	514 940 8077		
	Daytime	Telephone number	
	aguttman@altrolaw.com		
	E-mail address: (to be use	ed for future annual report i	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)

RTICLE I NAME	1 111 1 1 2 2 2 1 12 1		
he name of the corporati	on shall be: Ignis Safety US Inc.		
	IPAL OFFICE		
   7901 4th St N STE 300	Principal street address	7901.4	Mailing address, if different is: th St N STE 300
St. Petersburg, FL 33702	2, USA		ersburg, FL 33702, USA
			<del>.</del> .
ARTICLE III PURPO	<u>SE</u>		
he purpose for which the	ne corporation is organized is: <u>Any an</u>	d all lawful busines	S
	L OFFICERS AND/OR DIRECTORS  Sanjiv Patel, Director	Name and Titl	e:_Sanjiv Patel, President
(value and Title)		Name and Th	
Address	7901 4th St N STE 300	Address:	7901 4th St N STE 300
	St. Petersburg, FL 33702, USA		St. Petersburg, FL 33702, USA
		<del></del>	
Name and Title:	Sanjiv Patel, Secretary	Name and Titl	le:
A alalamana	7901 4th St N STE 300	<b>4.1</b> 1	
Address		Address:	
	St. Petersburg, FL 33702, USA		
Name and Title:		Name and Titl	e:
A delman		Addmina	
Address		Address:	
			21
			2023
			<u> </u>

Name and	d Title:	Name and Title:
Address	<del></del>	Address:
		<u> </u>
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name;	Northwest Registered Agent LLC	
Address:	7901 4th St N STE 300	
	St. Petersburg, FL 33702, USA	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ac	Idress of the Incorporator is:	
Name:	Sanjiv Patel	_ <del></del>
Address:	7901 4th St N STE 300	_ <del>_</del>
	St. Petersburg, FL 33702, USA	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:	
(If an effective d filing.)	late is listed, the date must be specific and ca	nnot be more than five days prior or 90 days after the
Note: If the date	inserted in this block does not meet the applica	able statutory filing requirements, this date will not be liste
	ffective date on the Department of State's reco-	
Having been nan	ned as revistered agent to accept service of proce	ess for the above stated corporation at the place designated is
	amiliar with and accept the appointment as reg	
/s/ Ton	ı Glover	September 13, 2023
	Required Signature/Registered Agent	Date
	rument and affirm that the facts stated herein Department of State constitutes a third degree fo	are true. I am aware that the false information submitted clony as provided for in s.817.155, F.S.
	jiv Patel	September 13, 20

2029 St. 1.5 AM Ot 24