

Florida Department of State

Division of Corporations
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P24000308578

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To:

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

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****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 A&F FIRE PROTECTION OF FLORIDA CO., INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$70.00 |

RECEIVED

2024 SEP 10 PM 5:07

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2024 SEP 10 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Sep. 10. 2024 4:42PM

H24000308571 No. 1713 P. 2

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: A&F FIRE PROTECTION OF FLORIDA CO., INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1200 N. FEDERAL HWY SUITE 300
BOCA RATON, FLORIDA 33432

Mailing address, if different is:

1200 N. FEDERAL HWY SUITE 300
BOCA RATON, FLORIDA 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH FULEB / PRESIDENT Name and Title: _____

Address 17541 RAINSTREAM ROAD Address: _____

BOCA RATON, FLORIDA 33496

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL

Sep. 10. 2024 4:42PM

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No. 1713 P. 3

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: KENNETH FULEP

Address: 17541 RAINSTREAM ROAD

BOCA RATON, FLORIDA 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAWRENCE KIRSCH

Address: 41 STATE STREET SUITE 700

ALBANY, NY 12207

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.

/S/ KENNETH FULEP

Required Signature/Registered Agent

9/10/2024

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.

Lawrence A. Kirsch

Required Signature/Incorporator

Date

9/10/2024

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