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

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-08/27/99-01105-011
*****87.50 *****87.50

SUBJECT: EQUIPOS CONTRA INCENDIOS OF FLORIDA, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Alfredo E. Lovera.
Name (Printed or typed)

944 Savannah Falls dr.

Address

Weston Florida 33327

City, State & Zip

954 349-6401

Daytime Telephone number

SECRETARY OF
TALLAHASSEE FLORIDA

99 SEP 27 PM 12:29

FILED

NOTE: Please provide the original and one copy of the articles.

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230-29

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EQUIPOS CONTRA INCENDIOS of FLORIDA INC. (EQUIPMENT AGAINST FIRES)

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

944 Savannah Falls, dr. Weston Fla, 33327

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

Alfredo E. Lovera. 944 Savannah Falls dr. Weston Fla. 33327

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Alfredo E. Lovera. 944 Savannah Falls dr. Weston Fla. 33327



Signature/Incorporator/
Registered Agent

9/14/99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

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99 SEP 27 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA