Wright Fire Protection Services, Inc.

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

500003031485--5 -11/01/99--01132--006 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

	(Proposed corporate name - must include suffix)					
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:	ı		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REOURED			
FROM:	George R. U			-		
	9999 Summe	rbreeze Dr. Address	SECRETA TALLAHAS	~~		
	Sunrise, FL City,	3332Q State & Zip	- I AM 8: 43  RY OF STATE  SSEE, FLORID	D.		
Amy Wright G	(954) 578-1 AVE Daytime To	2022— elephone number	ATE RIDA	;		
CORRECT ANTICLE CATE		· tie to.				
(100	 IOTE: Please provide the or	iginal and one copy o	f the articles			

## ARTICLES OF INCORPORATION

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

FILED

## ARTICLE I

The name of the corporation shall be:

Wright Fire Protection Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1919 N. State Road 7 Ste 2010 Margate, FL 33063

ARTICLE III SHARES

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

ONE

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Wright Summerbreeze Dr. #320 se, FL 33322

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

George R. Wright III 9999 Summer breeze Dr. #320 Sunrise, FL 33322

(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