F14000005143

(Re	questor's Name)			
(Address)				
(Ad	dress)	····		
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
W14-9	0820			

Office Use Only



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SECRETARY OF STATE

AND FLED

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Air Duct Innovations,	Inc
Name of corporation -	
•	mast morace suring
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Stand above referenced foreign corporation to transact business	ing" and check are submitted to register the
Please return all correspondence concerning this matter t	o the following:
Brandy Thome	ū
Name of Po	erson
Air Duct Innovations, Inc.	51501
Firm/Comp	0001
•	arry
18003 Maui Isle Dr	
Addres	S .
Tampa, FL 33647	
City/State and	d Zip code
brandi1013@gmail.com	
E-mail address: (to be used to	r future annual report notification)
For further information concerning this matter, please ca	11:
	700 00 10
Chris Thome at 910	728-2943
Name of Person Area C	ode & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	•
3 870 00 Elling For " 3 679 75 Elling For 9 . 5	679 75 Eiling Eag 9.
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Service Status & Certified Copy Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2014

BRANDY THOME 18003 MAUI ISLE DR TAMPA, FL 33647

SUBJECT: AIR DUCT INNOVATIONS, INC.

Ref. Number: W14000070820

We have received your document for AIR DUCT INNOVATIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 414A00025043

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Innovations, Inc.		
	rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
,			
•	•	adopted for the purpose of transacting busine	ess in Florida)
2. California			· · · · · · · · · · · · · · · · · · ·
` ,	under the law of which it is incorporated)	(FEI number, if applicable)
4. July 3, 20	013 5.	perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or	: "perpetual")
6			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
28408 To	ollhouse Rd. Tollhouse,	- · · · · · · · · · · · · · · · · · · ·	
7.20400 10	(Principal office add		
18003 M	aui Isle Dr. Tampa, FL	•	SS 7
	(Current mailing add	dress)	超品
			SER + IIA
8. Name and street	t address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Jennifer B. Thome		3.44 5: 1.09/10
Office Address:	18003 Maui Isle Dr		
	Tampa	, Florida FL	
	(City)	(Zip code)	
9. Registered age	nt's acceptance:		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

VICE PRESIDENT
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



14 DEC -4 PM 2: 11 11. Names and business addresses of officers and/or directors: A. DIRECTORS SECRETARY OF STATE TALLAHASSEE, FLORIDA **Chairman:** Christopher Thome Address: 18003 Maui Isle Dr. Tampa, FL 33647 Vice Chairman: Jennifer B. Thome Address: 18003 Maui Isle Dr. Tampa, FL 33647 Director: _ **B. OFFICERS** President: Christopher Thome Address: 18003 Maui Isle Dr Tampa, FL 33647 Vice President: Jennifer B. Thome Address: 18003 Maui Isle Dr. Tampa, FL 33647 Secretary: Treasurer: Address: necessary you may attach an addendum to the application listing additional officers and/or directors. Vice president president Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Ex 13. Jennifer Brandy Thome

(Typed or printed/name and capacity of person signing application)

State of California Secretary of State

APPROVEL AND FILED

14 DEC -4 PM 2: [1

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CERTIFICATE OF STATUS

ENTITY NAME:

AIR DUCT INNOVATIONS INC.

FILE NUMBER:

C3582599

FORMATION DATE:

06/26/2013

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 30, 2014.

DEBRA BOWEN Secretary of State