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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60-52-8
209

COVER LETTER

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

SUBJECT: AMERICAN VENT CLEANING, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: RICKY LEE McCRANIE
Name (Printed or typed)

265 MARSHALL AVE
Address

LAKE PLACID, FLORIDA 33852
City, State & Zip

863 441-1742
Daytime Telephone number

michaelq5@live.com
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be:

AMERICAN VENT CLEANING, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

265 MARSHALL AVE
LAKE PLACID, FL 33852

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VENT CLEANING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RICKY LEE McCRANIE- PRESIDENT 265 MARSHALL AVE LAKE PLACID, FL 33852
ANTHONY W. McCRANIE- VICE PRESIDENT 31 PALM LEAF LANE LAKE PLACID, FLORIDA
33852

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

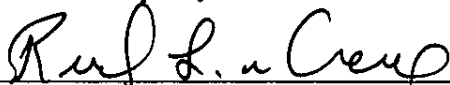
RICKY LEE McCRAIN IE
265 MARSHALL AVE
LAKE PLACID, FL 33852

ARTICLE VII INCORPORATOR

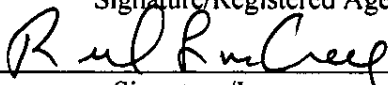
The name and address of the Incorporator is:

RICKY LEE McCRANIE
265 MARSHALL AVE
LAKE PLACID, FL 33852

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



Signature/Registered Agent

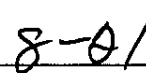


Signature/Incorporator

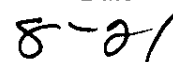
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Date



Date