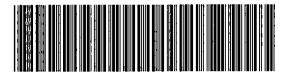
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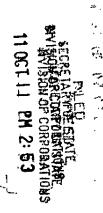
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Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

## SUBJECT: AMERICAN RENEWABLE ENERGY, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	icles of incorporation and	a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: John P. Wanskus	e (Printed or typed)	
4755 Hansard Ave	<b>NUC</b> Address	
North Port, FL 342 City,	86 State & Zip	
(941) 564-6994 Daytime T	elephone number	<del></del>
wanskus@aol.com E-mail address: (to be use	d for future annual report r	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  AMERICAN RENEWABLE ENERGY, INC.  The name of the corporation shall be:					
ARTICLE II	PRINCIPAL OFFIC	E.			
	Principal street a		Mailing a	ddress, if different is:	
	4755 Hansard A	venue			
	North Port, FL 3	4286			
				· · · · · · · · · · · · · · · · · · ·	
ARTICLE III	PURPOSE				
The purpose for	which the corporation is	organized is:			
A consulting	business for profit	<b>,</b>			
A consulting	business for profit	<b>.</b> .			
	****				
The number of sh		0			
i ne number oi sn	ares of stock is:				
ARTICLE V	INITIAL OFFICER	S AND/OR DIRECTO	RS		
	Title: Oslev B. Sa	unooke. Preside	nt Name and Title:		
Address:	2435 Gulf (	Gate Drive	Address:		
	Sarasota, l	FL 34231			
			<del></del>		
Name and T	Title: Robert DiMa	ria Vice Preside	nt Name and Title		
Address:	297 Kinderka	mack Rd. Suite 26	S9 Address:		
		07649			
N 4.7	riota de la la Dala	maleus Casestas	of Name and Title.		
Address:	ille: John P. vva	riskus, Secielar Tressure			
Address.	4755 Hans:	ard Avenue			
	North Port	FL 34286			
	•			<b>%</b>	
ARTICLE VI	REGISTERED AGI		C(1 1		
Name:	John P. W	D. Box NOT acceptable)	of the registered agent is:	1007-	
Address:		sard Avenue			
Address.	North Port	FL 34286	<del></del>	工艺	
		,-I-L-V=1200		~ 320	
ARTICLE VII	INCORPORATOR				
	dress of the Incorporator			2.6至	
Name:	_John P. W	anskus	_	STEEDING TO STEED TO	
Address:	_4/55 Hans North Port	sard Avenue FL 34286			
	NOLIII.F.OLL	, FL 34200	<del></del>	<u>නුළ</u> රු	
Having been nan	ed as registered agent t	diagrept service of proce	ess for the above stated corpo	ration at the place designated in	
this certificate, I a	m familiar with an <b>f</b> a <b>c</b> g	pythe appointment as re	gistered agent and agree to a	ct in this capacity	
	/K///	///			
	4///		<u> </u>	October 5, 2011	
	Required Signa	ture Registered Agent	JOHN P. WAYSLUS	Date	
I submit this document and affirm that the flats 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.					
accument to the Department of State companies a tima acgree jetony as provided for in stor (133), 1 ss.					
		III_		October 5, 2011	
	Required Sig	hature/Incorporator	HIPWILLIAM.	October 5, 2011 Date	
		30	THE I TVANSKUT		