

P12000 051206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

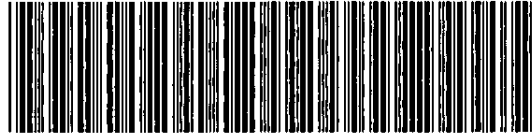
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN -4 AM 11:49

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COVER LETTER

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

SUBJECT: American Veterans Electric, 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 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: Eduardo D. Clingo
Name (Printed or typed)

5190 Commercial Way
Address

Spring Hill, FL 34606
City, State & Zip

(352) 585-6900
Daytime Telephone number

amvetselectric@msn.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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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 Veterans Electric, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>5190 Commercial Way</u>	_____
<u>Spring Hill, FL 34606</u>	_____
_____	_____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Electrical Contracting Services

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Eduardo D. Clingo (P)</u>	Name and Title: <u>Richard G. Clingo (VP)</u>
Address: <u>5190 Commercial Way</u>	Address: <u>5190 Commercial Way</u>
<u>Spring Hill, FL 34606</u>	<u>Spring Hill, FL 34606</u>
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Eduardo D. Clingo
Address: 5190 Commercial Way
Spring Hill, FL 34606

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Eduardo D. Clingo
Address: 5190 Commercial Way
Spring Hill, FL 34606

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Required Signature/Registered Agent

05/31/12
Date

I submit this document and affirm that the facts 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.

Required Signature/Incorporator

05/31/12
Date