P100090769

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

NOV 14 2017

TOWN



100305426731

11/13/17--01013--026 **87.50

Albeid of 100 of

A FREE STATE

COVER LETTER

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

SUBJECT:	iventco Inc.				
5065F&T	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the	articles of incorporation and	I a check for:		
☐ \$70.0 Filing Fo	· ·	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO			
FROM:		una (Drintad or tunad)			
	Name (Printed or typed) 175 North 27 Street, Suite 800				
	Address				
	Billings, MT 59101				
	City, State & Zip				
	406-869-4571	T 1 1			
	Daytime ereynolds@avitusgroup.com	e Telephone number			
	· · · · · · · · · · · · · · · · · · ·	ised for future annual report i	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 corporat	tion shall be:		
ARTICLE II PRINCIPAL OFFICE Principal street address 1201 Havs Street Tallahassee, FL 32301		Mailing address, if different is: 40 Bradbourne Park Road	
		Sevenoaks, Kent. TN13 3LG	
pressure ventilation and	blast relief products in the Uni	Amvented Inc. is being organized for the purpose of districted States. Amvented Inc. will distribute power generation	ibuting their
ARTICLE IV SHARI The number of shares of	ES 100 stock is:		: . 17
	L OFFICERS AND/OR DIRE	CTORS	YOU -
Name and Title	Chris Coxon, President	Name and Title:	<u> </u>
Address	40 Bradbourne Park Road Sevenoaks, Kent. TN13 3LG	Address:	<u></u>
			1016 1016 1016 1016 1016 1016 1016 1016
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name a	nd Title:	Name and Title:	
Addres	ss	Address:	
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
The name and I	Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Corporation Service Company	_	
Address:	1201 Hays Street	- -	
	Tallahassee, FL 32301		
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	Chris Coxon		
Address:	40 Bradbourne Park Road		
	Sevenoaks, Kent, TN13 3LG	_	
Effective date, i		(OPTIONAL) not be more than five days p) rior or 90 days after the
	e inserted in this block does not meet the applicab effective date on the Department of State's record		s, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of proce am familiar with and accept the appointment as	ess for the above stated corpor	ation at the place designated in ct in this capacity
	Asst Asst	Vice President	11/9/17
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel		
	130		11-8-2017
Requ	ired Signature/Incorporator		Date