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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

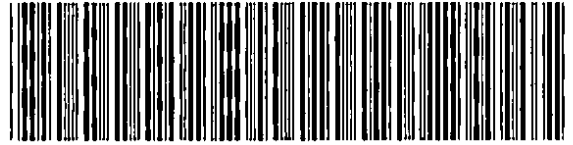
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: CLOROX AIR DUCT CLEANING, INC.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total filing fee	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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From: ELI TAX SERVICE, INC.

Name (printed or typed)  
2900 W IRVING PARK RD, UNIT C-2

Address  
CHICAGO, IL 60618

City, State & Zip

773-202-1144

Daytime Telephone Number

INFO@ELI.TAX

E-mail address: (to be used for future annual report notification)

copy.

## COVER LETTER

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

SUBJECT: CLOROX AIR DUCT CLEANING, INC.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

From: ELI TAX SERVICE, INC.

Name (printed or typed)  
2900 W IRVING PARK RD, UNIT C-2

Address  
CHICAGO, IL 60618

City, State & Zip

773-202-1144

Daytime Telephone Number

INFO@ELI.TAX

E-mail address: (to be used for future annual report notification)

**Articles of Domestication  
Foreign Corporation Domesticating to Florida**

The undersigned, FILIP MILIVOJEVIC, PRESIDENT  
(Name) (Title)

of CLOROX AIR DUCT CLEANING, INC., a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is CLOROX AIR DUCT  
CLEANING, INC. (Foreign Corporation)
2. The jurisdiction and date of its formation is NEW MEXICO, 05/04/2020
3. The name of the domesticated corporation is CLOROX AIR DUCT  
CLEANING, INC.
4. The jurisdiction of formation of the domesticated corporation is Florida
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

X   
(Authorized Signature)

**ARTICLES OF INCORPORATION**  
***IN COMPLIANCE WITH CHAPTER 607, F.S.***

**ARTICLE I NAME**

***THE NAME OF THE CORPORATION SHALL BE:***

CLOROX AIR DUCT, INC.

**ARTICLE II PRINCIPAL OFFICE**

***THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:***

**Principal Address**

1395 BRICKELL AVE, UNIT#2802

MIAMI, FL 33131

**Mailing Address**

1395 BRICKELL AVE, UNIT#2802

MIAMI, FL 33131

**ARTICLE III PURPOSE**

***THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:***  
***ANY AND ALL LEGAL PURPOSES***

**ARTICLE IV SHARES**

***THE NUMBER OF SHARES OF STOCK IS:*** 1000

**ARTICLE VI REGISTERED AGENT AND STREET ADDRESS**

***THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:***

FILIP MILIVOJEVIC

1395 BRICKELL AVE, UNIT#2802

MIAMI, FL 33131

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

x   
Signature/Registered Agent

01/02/2024  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

**THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:**

Name & Title: **FILIP MILIVOJEVIC**  
Address: **1395 BRICKELL AVE, UNIT 2802**  
**MIAMI, FL 33131**

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

**I submit this document and affirm that the facts stated herein are true. I am 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.F.S.**

X   
Signature/Authorized Person

01/02/2024  
Date

2024