



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/03/2004	200415501506	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CHARLES MITCHELL
6024 HARRISON AVENUE
SUITE 14
CINCINNATI, OH 45248

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1467977**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

INDUSTRIAL BURNER SERVICES, INC.

and, that said business records show the filing and recording of:

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200415501506



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 3rd day of June, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

☐ Yes PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ No PO Box 670
Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

RECEIVED

JUN 03 2004

SECRETARY OF STATE
J. KENNETH BLACKWELL

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Incorporation Profit (113-ARF) ORC 1701	(2) ☐ Articles of Incorporation Non-Profit (114-ARN) ORC 1702	(3) ☐ Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Industrial Burner Services, Inc.

SECOND: Location Green Township Hamilton
(City) (County)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

☐ Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

The purpose for which the corporation is formed is to
engage in any lawful act or activity for which
corporations may be formed under the applicable
provisions of the Ohio Revised Code.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) 1,500 Common None
(No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Industrial Burner Services, Inc. hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Jeffrey C. Jansen

(Name)

2287 Quail Run Farm Lane

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cincinnati

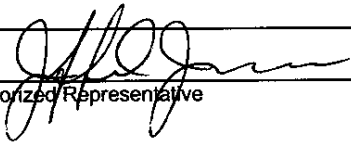
Ohio

45233

(City)

(Zip Code)

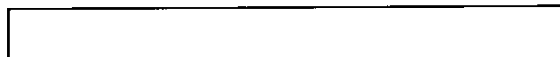
Must be authenticated by an
authorized representative



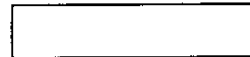
Authorized Representative

6/2/04

Date



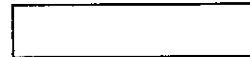
Authorized Representative



Date



Authorized Representative



Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Jeffrey C. Jansen

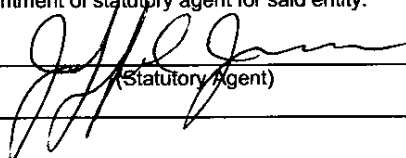
, named herein as the

Statutory agent for,

Industrial Burner Services, Inc.

, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:


(Statutory Agent)

Completing the information in this section is optional**FIFTH:** The following are the names and addresses of the individuals who are to serve as initial Directors.

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

REQUIREDMust be authenticated
(signed) by an authorized
representative

(See Instructions)

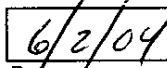

 Authorized Representative

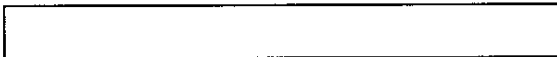
Jeffrey C. Jansen, Incorporator

(print name)

2287 Quail Run Farm Lane

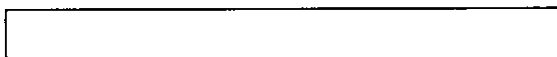
Cincinnati, Ohio 45233

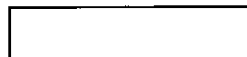

 Date


 Authorized Representative


 Date

(print name)


 Authorized Representative


 Date

(print name)