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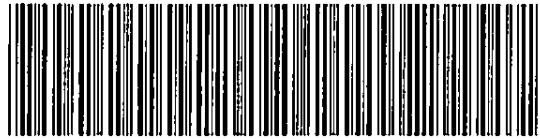
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2024

HEATHER JACOB
57 MENDON STREET
BELLINGHAM, MA 02019 US

SUBJECT: CRANES 101
Ref. Number: W24000161837

We have received your document for and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Tabitha J Howell
Regulatory Specialist II
New Filings Section

Letter Number: 224A00026713

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COVER LETTER

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

SUBJECT: Cranes101, Incorporated
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Heather Jacob

Name (Printed or typed)

57 Mendon Street

Address

Bellingham

MA

02019

City, State & Zip

508-966-4100

Daytime Telephone number

heather@cranes101.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Cranes101, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
57 Mendon Street

Mailing address, if different is:

Bellingham MA 02019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide heavy equipment inspections in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 8

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jay Sturm President/Fo

Address 50 Eber Taft Road

Uxbridge MA 01569

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: Registered Agents Inc
Address: 7901 4th St N STE 300
St. Petersburg FL 33702

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Heather Jacob
Address: 35 Inman Street
Hopedale MA 01747

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/20/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

David Roberts

Required Signature/Registered Agent

11/25/2024
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.

Heather Jacob

Required Signature/Incorporator

11/25/2024
Date
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