F13000004623

(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: GAVE
AUTHORIZATION BY PHONE TO
CERRECT, Name
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SECRETARY OF STATE

Office Use Only

W13-59227

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Kenewho Inc.	
Name of corporation - must include suffix	
Dear Sir or Madam:	•
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Renew Pro Inc.	
425 Ridgeview Dr.	
Sherman, T+ 75090	·
City/State and Zip code e	
For further information concerning this matter, please call:	
Name of Person at QO3 495-8555 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations MAILING ADDRESS: New Filing Section Division of Corporations	•
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	•
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee \$78.75 Filing Fee \$□ \$78.75 Filing Fee \$□ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy	ıs &

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: RENEWED	Incorporation
Name of corporation - mus	st include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in	and check are submitted to register the
Please return all correspondence concerning this matter to the	5
Renew Pro	n
Firm/Company 425 Ridge vi	ew Dr.
Sherman, T	× 75090
City/State and Zip e C C E-mail address: (to be used for full)	mail. Com
For further information concerning this matter, please call:	,
Name of Person at (903) Area Code	495-8555 & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	.75 Filing Fee & S87.50 Filing Fee, tified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2013

LEE COLLINS 425 RIDGEVIEW DR SHERMAN, TX 75090

SUBJECT: RENEWPRO INCORPORATION

Ref. Number: W13000054227

We have received your document for RENEWPRO INCORPORATION 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.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

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

Jessica A Fason Regulatory Specialist II

Letter Number: 513A00022934

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
7) —	
1. Kenewiro Incorporation Luc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
D D - [`	
Kenewtro Exteriors	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. Wyoming 3.	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 8/6/2013 5. Perpetual.	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6. YIJQ	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
112-11-1	
7. 42 Kidgeview DV. Sherthan 1x 75070 (Principaloffice address)	
425 Kickeview Dr. Sherman Tr 75090	
(Current mailing address)	
\mathcal{D}	
8. Kasting of Home Kepair	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Contractor Business Services &	
Office Address: 8301 Joliet ST.	1
Hudson . 1 , Florida 34667	
(City) (Zip code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place.	:e
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity	. <i>I</i>
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	
yamas, and a an jamana wan and decept me obligations of my position as registered agents	
1 d 112	
Mie Mardie	
(Registered agent's signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: hee Collins	
Chairman: hee Collins Address: 425 Richgeview Dr., Sherman, Tr. 75090	
	•
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: Lee Collius, Address: 425 Ridgevie, WDV, Sherman, Tr. 7589	
Address: 425 Ridgeview DV, Sherman, Tr. 75599	
Address: The Man, 10- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	<u>ا</u> ا
	(sau)
Transfer to the second	<u> </u>
Address:	7.7
Secretary:	
Address:	
Treasurer:	•
Address:	
NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors.	
13	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated	herein
are true and that he or she is aware that false information submitted in a document to the Department of State cor	
a third degree felony as provided for in s.817.155, F.S.	
14. Lee Collins President	
(Typed or printed name and capacity of person signing application)	

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

RenewPro Incorporation is a Profit Corporation

formed or qualified under the laws of Wyoming did on August 6, 2013, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2013-000648069.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of September, 2013 at 12:57 PM. This certificate is assigned 014329326.



May Massiela Secretary of State

13 OCT 24 PH 12: 09
SECRETARY OF STATE
TALL AHASSEE FLORIDA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.