

N19000001907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

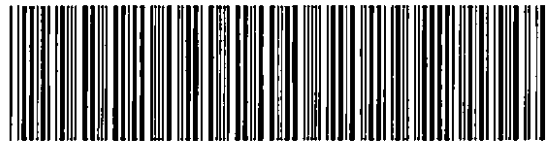
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800325063728

FILING CANCELLED
DUE TO RETURNED CHECK

02/25/19--01003--012 **78.75

FILED
2019 FEB 22 PM 4:50
SECRETARY OF STATE
ALLAHASSET, PENNSYLVANIA

RECEIVED
19 FEB 22 PM 4:35
TREASURY
HARRISBURG, PA

Ph

COVER LETTER

FILING CANCELLED
DUE TO RETURNED CHECK

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

SUBJECT: REnaissance Healthcare + Social Reform INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Orlando White
Name (Printed or typed)

~~1353 ELafayette St~~ 1353 ELafayette St
Address

Tallahassee, FL 32301
City, State & Zip

941-677-8903
Daytime Telephone number

info.renaissancehealthcare@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S.. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: REnaissance Healthcare and Social Reform Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

113 S Monroe St
Tallahassee, FL 32301

Mailing address, if different is:

PO Box 13912
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The above Corporation has been formed, structured and envisioned by the founders and governing board as a provider of superior quality medical services, programs and modalities. We envision doing this using an integrated and comprehensive platform on which to erect rehabilitative facilities, ambulatory care centers, Lab services and assisted living centers.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by majority vote within the board structure

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nagura O Whited
VP Program Development
Address: 3204 Hastie Rd
Tallahassee, FL 32305

Name and Title: Angela Powers Process Secretary
Address: 1353 E Lafayette St
Tallahassee FL 32305

Name and Title: Anjelica Sterling
Executive Secretary
Address: 2817 Hemingway Lane
Roswell GA 30075

Name and Title: Eliza Rosen PhD
Address: 2809 72nd Turner St
Tallahassee FL 32311

Name and Title: Dr. Daniel Berne
President
Address: 3534 Apalachee Pkwy
Tallahassee, FL 32308

FILING CANCELLED
DUE TO RETURNED CHECK

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Orazo White

Address: 3204 Hastie Rd
Tallahassee, FL 32305

**FILING CANCELLED
DUE TO RETURNED CHECK**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Orazo White

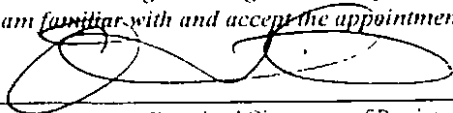
Address: 3204 Hastie Rd
Tallahassee, FL 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.

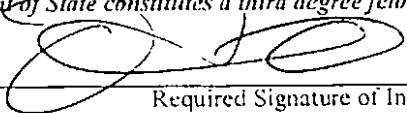
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am ~~familiar with~~ and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

2/22/19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature of Incorporator

2/22/19
Date

FILED
2019 FEB 22 PM 4:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE