

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

700003985397---Ê -04/10/01--01085--007 *****78.75 ******78.75

SUBJECT:

Ouick Returns by ReNee, 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

3 \$78.75

Filing Fee

Filing Fee & Certificate □ \$122.50

Filing Fee

& Certified Copy

□ \$131.25

Filing Fee,

75 A

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Virginia B. Sanders			
1101,1	Name (Printed of typed)	AHA	APR	_
	2838 Lippia Road	18S	0	П
	Address		- つ エ	D
	Jacksonville, FL 32209	<u> </u>	- <u>-</u> -	
	City, State & Zip	DA A	61	
	(904) 860-6752	·	•	
	Daytime Telephone number	. =- ==	-	

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Quick Returns by ReNee, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal place of business and mailing address of this corporation shall be:

2212 West Edgewood Avenue, Jacksonville, FL 32209

ARTICLE III SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100)

ARTICLES IV INTITAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the inital registered agent are:

Virginia B Sanders, 2838 Lippia Road, Jacksonville, FL 32209

ARTICLE V INCORPORATOR:

The name and address of the incorporator to these Articles of Incorporation are:

Virginia B Sanders, 2838 Lippia Road, Jacksonville, FL 32209

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 hereby accept the appointemnt as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent's Signature

Date

Incorporator/Registered Agent