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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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OLAPR-2 PM 3: 35

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TRANSMITTAL LETTER.

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

SUBJECT: RENOVATION STYLE IT, Co.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	
	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy		
		ADDITIONAL CO		
FROM:	BEN JAMIN	CARVER		
Name (Finited or typed)				
Po Box 1186 Address				
SARASSTA FLORIDA 34230 City, State & Zip				
City, State & Zip				
941-586-9920 Davime Telephone number				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) FILED ARTICLE I NAME 04 APR -2 PM 3:35 The name of the corporation shall be: RENOVATION STYLE II, Co. SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: PO BOX 186 SARASOTA, FLORIDA 34230 ARTICLE III PURPOSE The purpose for which the corporation is organized is: REMOVATION of Real Estate ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): BENTAMIN CARVER-PRESIDENT PLAN CARVER - VICE PRESIDENT Joseph Corkins - TREASURER ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: RIAN CARVER 1861 Boyce STREET SAMASOTH, FLOHIOM 34239 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: BENTAMIN COMVER 1861 Poyce GREAT SARASUTA, FLORIDA 34239 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

Signature/Registered Agent

Signature/Incorporator