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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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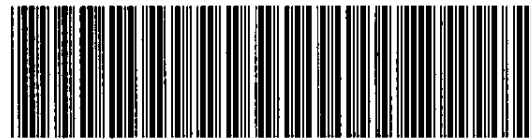
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 13 AM 10:27

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COVER LETTER

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

SUBJECT: RENEW FOUNDATION" CORPORATION
(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: Mattie Lomax
Name (Printed or typed)

P.O. Box 01-5262
Address

Miami, Florida 33101-5262
City, State & Zip

(305) 573-0702
125 NW 13th Street, Tallahassee, FL 32314
Telephone number

solid60@att.net
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ARTICLE I NAME

The name of the corporation shall be: Renew Foundation Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

125 NW 15th St, lower level
Miami, FL 33136

P.O. Box 01-5262
Miami, FL 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Develop vacant land and build
resident home's in the State of Florida, receiving
a salary.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mattie Twynette Lomax
Address: 125 NW 15th St, lower level
Miami, FL 33136

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mattie Twynette Lomax
Address: 125 NW 15th St.
Miami, FL 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mattie Twynette Lomax
Address: 125 NW 15th St, lower level
Miami, FL 33136

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

Mattie Twynette Lomax, President
Required Signature/Registered Agent

Dec. 4, 2010
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.

Mattie Twynette Lomax
Required Signature/Incorporator

Dec. 4, 2010
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA