P12000064063

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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12 JUL 20 PM % 26
SECRETARY OF STATE

MP) 23/12

COVER LETTER

RECEIVED 12 JUL 20 PM 3: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Γallahassee, FL 32314		
SUBJECT: Renee KEM (PROPOSED CORPORA)	TERPRISES INC. TENAME-MUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: Renée Manchik Name (Printed or typed)		
10232 Anda	over Coach Circle G2	
Wellington	FLA . 33449 State & Zip	
561 642- Daytime Te	Soft 1	
RManchik 2	at AOL. COM	

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



July 5, 2012

RENEE MANCHIK 10232 ANDOVER COACH CIRCLE G2 WELLINGTON, FL 33449

SUBJECT: RENEE ENTERPRISES, CORP, INC

Ref. Number: W12000035738

We have received your document for RENEE ENTERPRISES, CORP, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Double suffixies are not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 712A00018145

ARTICLES OF INCORPORATION

in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME Revee K ENTERPVISES, Inc. The name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE
Principal street address Principal street address WELLING TON WELLING WELLIN
ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFIT—SEZU CINI FORMS
ARTICLE IV SHARES 100
The number of shares of stock is:
Name and Title: Rence MOACHI Name and Title: Pes Address: 10232 And Over Cooch Address: Address: 10232 And Over Cooch Address:
Name and Title: Name and Title:
Address: Address:
Name and Title:Name and Title:Address:
ADMICLE III DECICOSEDE ACENTE
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: Name: Address: Address: Address: Address: Name: Address: A
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: Name: Address: Name: Address: Name: Address: Name: Address: Name:
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/Registered Agent 7/15/12 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.
Alue Manaluk 7/15/12 Required Signature/Incorporator Date
required dignature interpolation