## P13000)19371

(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:
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02/04/13--01021--016 \*\*87.50

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13 FEB 27 AM 9: 57

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## **COVER LETTER**

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

SUBJECT: 2	ENOVATION		
Englaced are an orig		FE NAME – <u>MUST INCLU</u>	
\$70.00 Filing Fee	inal and one (1) copy of the arti  \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	9014 Shene	10STIS (Printed or typed) 2ndoah Cu	rde
	847. 2 Daytime Te	SFL 31 State & Zip 76. 1798 elephone number 414 @ Sbc	

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2013

SHELLY GOVOSTIS 9014 SHENENDOAH CIRCLE NAPLES, FL 34113

SUBJECT: RENOVATION CONCEPTS INC

Ref. Number: W13000007310

FILED AN 9:57
13 FEB 27 AN 9:57
SECRETARY OF STATE
ALLANASSEE, FLORIDA

We have received your document for RENOVATION CONCEPTS 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 must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 813A00002896

www.sunbiz.org

Division of Comparations DO BOY 6997 Tellahanas Florida 99914

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:	RENOVATION (	CONCEPTS IN	K E TO		
ARTICLE II PRINCIPAL OF	FICE				
Principal stre 9014 She Naples	et address hendown Circle FC 34113	Mailing addr	ess, if different is 2		
ARTICLE III PURPOSE			第三 5		
to conduct business and design construction needs & any other acts almaste by law.					
to conduct needs & a	business a	nd design chs allmas	construction le by law.		
ARTICLE IV SHARES The number of shares of stock is:	00				
Name and Title: SHELLY GO Address: 904 SHE	ERS AND/OR DIRECTORS OVESTIS, PRESIDEN DENDOAL CIRCLE FL 34113	Name and Title:			
Name and Title: Address:		Address:			
Name and Title: Address:					
The name and Florida street address Name: Address:	<del></del>	the registered agent is:			
The name and address of the Incorpor Name: Address:  Address:	Ratoris: Govostis Sheven poal (1) Es Fl 34113	ROLE }			
Having been named as registered age, this certificate, I am familiar with and	nt to accept service of process accept the appointment as regi	for the above stated corporat stered agent and agree to act	tion at the place designated in in this capacity		
1 M	MTW		2.20.2013		
Required Si	gnature/Registered Agent	<del></del>	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.					
/}//	VHUY		1.30.2013		
Required	Signature/Incorporator		Date		