P13000088422

(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:				





900253225709

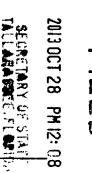
10/28/13--01011--009 **78.75



OCT 28 2013 M. SOLOMON

COVER LETTER

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



SUBJECT: A Renaissance Man, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

1.0/6./2

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

<u> </u>	R. Roberts Name (Printed or typed)
1023 Wa	nterway Village
	Address
Greenad	res, FL 33413
	City, State & Zip
561-386	-2834
· · · · · · · · · · · · · · · · · · ·	Daytime 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)

The name of the cor	NAME poration shall be: A Renaissar	nce Man, Inc.		
ARTICLE II	PRINCIPAL OFFICE Principal street address Way Village		Mailing address, if different is:	
Greenacres	s, FL 33413			
ARTICLE III I	PURPOSE ich the corporation is organized is:	ny and all lawful busines	SS.	
ARTICLE IV The number of share	SHARES 100		2013 OCT 28 PM	
Name and	INITIAL OFFICERS AND/OR DI Title: Thomas R. Roberts,		PMIZ: 08	
Address	Greenacres	Address: Lage 33413		
Name and		Name and Title:		
Address		Address:		
Nome of t	T:tle:			
Address	•			

Name ar	nd Title:	Name and Title:
Address	S	Address:
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Thomas R. Roberts	_
Address:	1023 Waterway Village	
	Greenacres, FL 33413	- ≥ 4 20
ARTICLE VII	INCORPORATOR	30CT 28
The name and a	ddress of the Incorporator is:	print and a second seco
Name:	Thomas R. Roberts	
Address:	1023 Waterway Village	PHIZ: 08
	Greenacres, FL 33413	<u>.</u>
this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re Required Signature/Registered Agent	
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
Thom	Required Signature/Incorporator	