P1400011595

(Requestor's Name)		
(Address)		
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT: Renner's Services, Inc.					
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the art	cicles of incorporation and	l a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED.		

	Name (Printed or typed)	
4910 14th \$	Street West Suite 105	_
	Address	
Bradenton,	FI 34207	14 J
	City, State & Zip	- AR
1-800-689-	3293	ယ ၁
	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)

FILED SECRETARY OF STATE เดิพร

The name of the corpora	tion shall be: Renner's Service	es Inc.	DIVISION OF C	UnPUdAL
	NCIPAL OFFICE Principal street address e Circle		14 JAN.30 Mailing address, if different is:	AMII: I
ARTICLE III PUR The purpose for which in the state of	POSE the corporation is organized is: To co	enduct and tra	ansact all legal bus	siness
			·	
ADMINIT				
	f stock is: TOO TIAL OFFICERS AND/OR DIRECT		President, CEO	
The number of shares of ARTICLE V INI	f stock is:		President, CEO	
ARTICLE V INI Name and Titl Address	rstock is: 100 TIAL OFFICERS AND/OR DIRECT e: Carla Renner 3719 Parkridge	Name and Title Address: Name and Title		

Name an	d Title: Nar	ne and Title:
Address	Add	dress:
ARTICLE VI	REGISTERED AGENT	a taran taran ata
Name:	lorida street address (P.O. Box NOT acceptable) of the r P. Daniel Cidera	egistered agent is:
Address:	4910 14th Street West #105	
	Bradenton, Fl 34207	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Carla Renner	•
Address:	3719 Parkridge Cir	
	Sarasota, Fl 34243	
	med as registered agent to accept service of process for am familiar with and accept the appointment as register	
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as	I am aware that the false information submitted in a provided for in s.817.155, F.S.
(-a)	b L/D ~~~	01/23/2014
	Required Signature/Incorporator	Date
		SECRLA 14 JAN

SECREGATY OF STATE CORPORATIONS