

# P14000044141

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
RENOVATIONS BY DESIGN Group, Inc.

Certificate of Status	0
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COVER LETTER

414000115974

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

SUBJECT: Renovations By Design Group, 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 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Rodolfo Fernandez-Criado

Name (Printed or typed)

4496 s.w. 34 Terrace

Address

Fort Lauderdale, FL 33312

City, State & Zip

754-204-6060

Daytime Telephone number

renova8@gmail.com

E-mail address: (to be used for future annual report notification)

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

414000115974



May 16, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: RENOVATIONS BY DESIGN, INC.  
REF: W14000031186

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : The document number of the name conflict is P03000076484. (RENOVATION BY DESIGN, INC)., document number .

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

The document number of the name conflict is P03000076484. (RENOVATION BY DESIGN, INC).

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

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H14000115974  
Letter Number: 514A00010622

RECEIVED  
14 MAY 16 PM 1:33  
TALLAHASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Renovations By Design, Group, Inc.

2014 MAY 15 PM 1:31

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

2719 Hollywood Boulevard #169  
Hollywood, FL 33020

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: sales and advertising

**ARTICLE IV SHARES** 100

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rodolfo Fernandez-Criado

Address: President  
2719 Hollywood Boulevard #169  
Hollywood, FL 33020

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

H14000115974

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Rodolfo Fernandez-Criado  
Address: 2719 Hollywood Boulevard #169  
Hollywood, FL 33020

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rodolfo Fernandez-Criado  
Address: 2719 Hollywood Boulevard #169  
Hollywood, FL 33020

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

5/14/14  
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.

\_\_\_\_\_  
Required Signature Incorporator

5/14/14  
Date

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CLERK OF COURT  
DIVISION OF COURT  
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