(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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SEP 2 9 2014 S. GILBERT



July 29, 2014

FREDDIE A. RIVERA 7262 SW 1ST STREET MARGATE, FL 33068

SUBJECT: RENOVACION EN CRISTO, INC.

Ref. Number: W14000046445

We have received your document for RENOVACION EN CRISTO, 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 state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 614A00016243

COVER LETTER

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

SUBJECT: Ke	PROPOSED CORPORA	listo, Inc.	
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Freddie A	Rivela e (Printed or typed)	
	7262 SW	IST ST.	
		Address	•
	MARGATE, FL	- 33068 State & Zip	
	754-234- Daytime 7	6132 Celephone number	<u>.</u>
<u>_ </u>	Lenovacion en CRis E-mail address: (to be use	TO @ YAKOO . Co	notification)

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

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

The name of the corporati	eon shall be: <u>Renovaci</u>	on en Ca	isto, Inc	<u></u>
7262 S	Principal street address W 15T ST.		Mailing address, if different	n is:
	POSE 16 corporation is organized is: To d Jesus Chus Ty Thau Chai	+, outrear	In the	of
ARTICLE IV SHA	RES 100		N S S S S S S S S S S S S S S S S S S S	1 SEP 25 AM
	IAL OFFICERS AND/OR DIRE : Freddie A. Riverd		ERICA M. FO	AM III D
Address	7262 SW 15T ST. Margate FL 330		7262 SW Margate,	155 ST. 1-1.33068
Name and Title: Address	Jose Acosta 1211 Scioto Rd Nilanderdale, FL3		1211 Sciote Nauderda	
Name and Title: Address		Name and Title	B:	

Name and	d Title: 1	Name and Title:
Address		Address:
		
	REGISTERED AGENT	
the <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of the	ne registered agent is:
Name:	Freddie A. Rivera	
Address:	7262 Sw. 1st st.	
	Margate, FL. 33068	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	Idress of the Incorporator is:	
Name:	ERICA M. Foti	
Address:	7262 SW 15T ST.	
	7262 SW 15T ST. Margate FL 33068	
Having been nam this certificate, La	ned as registered agent to accept service of process for the familiar with and accept the appointment as regis	or the above stated corporation at the place designated in tered agent and agree to act in this capacity
fulle b		7-24-14
	Required Signature/Registered Agent	Date
I submit this doci document to the L	ument and affirm that the facts stated herein are tr Department of Stafe constitutes a third degree felony (ue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
<i></i>	ion Kto	7-24-14 Date
	Required Signature/Incorporator	Date

Name an	d Title:	Name and Title:	
Address		_ Address:	
		<u> </u>	,
		<u> </u>	
	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Freddie A. Rivera	_	
Address:	7262 Sw. 1st ST.	_	
	Margate FL. 33068	3	
	Q ,		
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	ERICA M. Foti	_	·
Address:	7262 SW 157 ST.	_	
	Margate FL 3306		
	Ö	_	
Having been na	me) as registered agent to accept service of process spin fumiliar with and accept the appointment as rej	s for the above stated corpor	ration at the pasce designates in
uns cengicule, L	unit jumiliar with and accept the appointment as reg	krosesen nkeur aum aksee to a	us in inis capa niy
fulle-			7-21-14
/ (Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are		
document to the	Department of State constitutes a third degree felon	y as provided for in s.817.1:	
	eroa MED	•	7-614-14 Date
	Required Signature/Incorporator	<u> </u>	Date
			•