

P15000038286

(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:

Office Use Only



700272144057

04/24/15--01027--005 **78.75

FILED
15 APR 24 AM 11:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **FULL RENOVATION 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: **VICTOR GOMEZ MANON**

Name (Printed or typed)

1732 S CONGRESS AVE STE 307

Address

PALM SPRINGS, FL, 33461

City, State & Zip

561-827-7700

Daytime Telephone number

fullrenov@gmail.com

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

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)

ARTICLE I NAME

The name of the corporation shall be: **FULL RENOVATION INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1732 S CONGRESS AVE STE 307

PALM SPRINGS, FL

33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFULL BUSINESS. FULL RENOVATION PROPERTIES.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

FILED
15 APR 21 AM 11:40
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JORGE E GONZALEZ - PRESIDENT**

Name and Title: **MARCOS D GOMEZ MANON - VP**

Address **1732 S CONGRESS AVE STE 307**

Address: **1732 S CONGRESS AVE STE 307**

PALM SPRINGS, FL. 33461.

PALM SPRINGS, FL, 33461

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: VICTOR GOMEZ MANON

Address: 1732 S CONGRESS AVE STE 307

PALM SPRINGS, FL. 33461.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR GOMEZ MANON

Address: 1732 S CONGRESS AVE STE 307

PALM SPRINGS, FL, 33461

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

04/20/2015

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

04/20/2015

Date

FILED
15 APR 24 AM 11:41
TALLAHASSEE, FLORIDA