

AUG/21/2015/FRI 12:22 PM

FAX No.

P. 001/003

8/21/2015

Division of Corporations

Florida Department of State

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**FLORIDA PROFIT/NON PROFIT CORPORATION
RENSA INC.**

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FAX No.

P. 002/003

FILED

ARTICLES OF INCORPORATION

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

15 AUG 21 AM 11:29

ARTICLE I NAME

The name of the corporation shall be: RENSA INC.

SECRETARY OF STATE
541 ABRAHAM STREET, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18255 NW 68 AVE

APT 408

MIAMI LAKES, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SARA B. RENDON ECHEVERRI (P/D)

Name and Title: _____

Address: 18255 NW 68 AVE

Address: _____

APT 408

MIAMI LAKES, FL 33015

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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FAX No.

P. 003/003

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: SARA B. RENDON ECHEVERRI
Address: 18255 NW 68 AVE APT 408
MIAMI LAKES, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SARA B. RENDON ECHEVERRI
Address: 18255 NW 68 AVE APT 408
MIAMI LAKES, FL 33015

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

08/20/15
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

08/20/15
Date