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(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:				

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COVER LETTER

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

SUBJECT: ALLPRO RENOVATIONS INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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

FROM	ERAN GLAZER
	Name (Printed or typed)
	3625 N COUNTRY CLUB DR APT#207
	Address
	AVENTURA, FL 33180
	City, State & Zip
	954-871-8466
	Daytime Telephone number
	INFO@ALLDDODENOVATIONS COM

INFO@ALLPRORENOVATIONS.COM

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

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



February 2, 2015

ERAN GLAZER 3625 N. COUNTRY CLUB DR. APT.#207 AVENTURA, FL 33180

SUBJECT: ALLPRO RENOVATIONS INC.

Ref. Number: W15000007095

We have received your document for ALLPRO RENOVATIONS 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 contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 415A00001991

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

	ration shall be: ALLPRO RENOVA				-
<u>ICLE II PR</u>	INCIPAL OFFICE	R #= 111	ing addess 10	diffoness is	
	Principal street address	Maili	ing address, if o	different is:	27
25 N COU	NTRY CLUB DR #207			ŧ.	
FNTURA	FL 33180	<u> </u>		"" .	<u> </u>
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urpose for which	the corporation is organized is:				
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CLE IV SH	ARES 100				
CLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	_			
CLE V IN	ITIAL OFFICERS AND/OR DIRECTOR le: ERAN GLAZER	S			
CLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	Name and Title:			
CLE V IN	TIAL OFFICERS AND/OR DIRECTOR le: ERAN GLAZER DIRECTOR	_			
CLE V IN	ITIAL OFFICERS AND/OR DIRECTOR le: ERAN GLAZER	Name and Title:			
CLE V IN	ETIAL OFFICERS AND/OR DIRECTOR Le: ERAN GLAZER DIRECTOR 3625 N COUNTRY CLUB DR	Name and Title:			
CLE V IN	TIAL OFFICERS AND/OR DIRECTOR le: ERAN GLAZER DIRECTOR	Name and Title:			
CLE V IN	ETIAL OFFICERS AND/OR DIRECTOR Le: ERAN GLAZER DIRECTOR 3625 N COUNTRY CLUB DR	Name and Title:			
CLE V INTO Name and Tit Address	ERAN GLAZER DIRECTOR 3625 N COUNTRY CLUB DR AVENTURA, FL 33180	Name and Title:			
Name and Tit Address Name and Title	ERAN GLAZER DIRECTOR 3625 N COUNTRY CLUB DR AVENTURA, FL 33180	Name and Title: Address: Name and Title:			
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ARTICLE VI R	ECIOTEDED ACEIM		∯ &
	<u>EGISTERED AGENT</u> da street address (P.O. Box NOT acceptable) of	f the registered agent is:	. •
Name:	ERAN GLAZER	. The registered agent is:	
Address:	3625 N. COUNTRY CLUB OR	#207	
4	AVELTURA, FL 33180	-	
ARTICLE VII	NCORPORATOR		
The name and addre	ess of the Incorporator is:		
Name:	ERAN GLAZER		
Address:	3625 N COUNTRY CLUB DR	#207	
	AVENTURA, FL 33180	-	
this certificate, I am	as registered agent to accept service of process familiar with and accept the appointment as reg	istered agent and agree to act in	n at the place designated in this capacity
	Fran Glazer Required Signature/Registered Agent		8/17/15
	Required Signature/Registered Agent		Date 1
I submit this docum	ent and affirm that the facts stated herein are a artment of State constitutes a third degree felon	true. I am aware that the false	information submitted in a S.
Ec	Required Signature/Incorporator		1/16/15
	Required Signature/Incorporator		Date