

P15000077183

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(Business Entity Name)

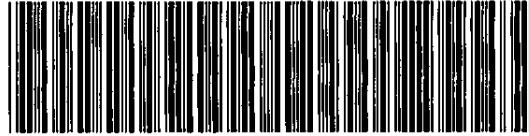
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Batch SEP 24 2015

COVER LETTER

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

SUBJECT: RENAISSANCE VENTURES MIAMI 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: STEVEN LICHTMAN

Name (Printed or typed)

C/O BRIAN DITTRICH, CPA, 3420 S. OCEAN BLVD, #9N

Address

HIGHLAND BEACH, FL 33487

City, State & Zip

609-275-7249

Daytime Telephone number

BRIAND@BDMGT.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: RENAISSANCE VENTURES MIAMI INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

9703 COLLINS AVE, #1400

BAL HARBOUR, FL 33154

Mailing address, if different is:

C/O BRIAN DITTRICH, CPA

3420 S. OCEAN BLVD, #9N

HIGHLAND BEACH, FL 33487

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TICKET BROKERAGE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN LICHTMAN, PRESIDENT

Address 9703 COLLINS AVE, #1400

BAL HARBOUR, FL 33154

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: BRIAN DITTRICH, CPA
Address: 3420 S. OCEAN BLVD, #9N
HIGHLAND BEACH, FL 33487

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BRIAN DITTRICH, CPA
Address: 3420 S. OCEAN BLVD, #9N
HIGHLAND BEACH, FL 33487


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

 BRIAN DITTRICH 9/9/15
Required Signature/Registered Agent 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.

 BRIAN DITTRICH 9/9/15
Required Signature/Incorporator Date