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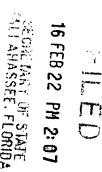
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
	_ WAIT				
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

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

SUBJECT: Zion Re	novations, Inc.				
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 o Status		
		ADDITIONAL CO			
FROM:	da E. Fernandez-Nazario	e (Printed or typed)			
112	47 San Jose Blvd. Apt. 902				
	Address				
Jack	csonville, Florida 32223				
City, State & Zip					
904	-497-5543				
	Daytime Telephone number				
zion	renovationsinc@gmail.com				
	E-mail address: (to be used	d for future annual report r	otification)		

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) The name of the corporation shall be: Zion Renovations, Inc. ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 11247 San Jose Blvd. Apt. 902 Jacksonville, Florida 32223 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ______ commercial and residential renovations. ARTICLE IV SHARES 10,000,000 The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Alexander J. Rodriguez, President Neida E. Fernandez-Nazario, Vice Pres: Name and Title: 11247 San Jose Blvd. Apt. 902 11247 San Jose Blvd. Apt. 902 Address Address: Jacksonville, Florida 32223 Jacksonville, Florida 32223 Alexander J. Rodriguez, Secretary Neida E. Fernandez-Nazario, Treasurer Name and Title: Name and Title 11247 San Jose Blvd. Apt. 902 11247 San Jose Blvd. Apt. 902 Address Address: Jacksonville, Florida 32223 Jacksonville, Florida 32223 Name and Title:_ _____ Name and Title:_ Address

			2 5 T
Name a	and Title;	Name and Title:	<u> </u>
Addre	ss	Address:	22
			FS S
			REPLANT
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:	
Name:	Neida E. Fernandez-Nazario		
Address:	11247 San Jose Blvd. Apt. 902		
	Jacksonville, Florida 32223		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
Name:	Alexander J. Rodriguez		
Address:	11247 San Jose Blvd. Apt. 902		
	Jacksonville, Florida 32223		
Effective date, if an effective days after the in the Note: If the da	if other than the date of filing: date is listed, the date must be specific and cafiling.) te inserted in this block does not meet the application of the date on the Department of State's reconstruction.	able statutory filing requireme	ness days prior or 90 business
Having been no this certificate,	amed as registered agent to accept service of pro I am familiar with and accept the appointment a.	cess for the above stated corps registered agent and agree to	oration at the place designated in o act in this capacity
	Utomanas)		02/17/2016
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein Department of State constitutes a third degree f		
Tix o	(alyung		02/17/2016
Req	uired Signature Incorporator		Date