

PI6000096186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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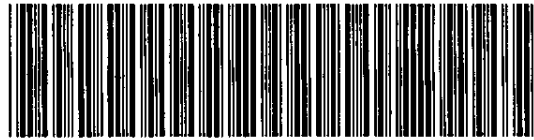
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC -5 AM 8:56

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DEC -7 2016

COVER LETTER

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

SUBJECT: RIENNE AGENCY CORPORATION
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ORIANE DU CREST
Name (Printed or typed)

439 SEVILLA AVE. APT. 2
Address

CORAL GABLES, FL 33134
City, State & Zip

318 503 6671
Daytime Telephone number

ORIANE.DUCREST@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: RIENNE AGENCY CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

439 SEVILLA AVENUE APT. 2

CORAL GABLES, FL, 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is a digital marketing agency for businesses and nonprofit organizations. The corporation will offer services for businesses and nonprofits in marketing, fundraising, communication, social media, strategy and data.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORIANE DUCREST, CEO Name and Title: ERIK ALEXANDER GONZALEZ,

Address 439 SEVILLA AVENUE

Address: CFO

APT. 2

439 SEVILLA AVENUE APT. 2

CORAL GABLES, FL, 33134

CORAL GABLES, FL, 33134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
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: ERIK ALEXANDER GONZALEZ
Address: 439 SEVILLA AVE. APT. 2
CORAL GABLES, FL, 33134

ARTICLE VII INCORPORATOR

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

Name: ORIANE DU CREST
Address: 439 SEVILLA AVE. APT. 2
CORAL GABLES, FL, 33134

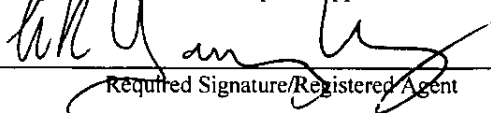
ARTICLE VIII EFFECTIVE DATE:

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

11/14/2016
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

11/01/2016
Date