

P1700004700

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H17000045443ABC

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To: Division of Corporations
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Phone : (305) 634-3694
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
RENAISSANT ACQUISITIONS INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

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N. SAMS

FEB 17 2017

Electronic Filing Menu

Corporate Filing Menu

Help

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H170000454B

COVER LETTER

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

SUBJECT: Renaissant Acquisitions 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: Leroy Crumbley
Name (Printed or typed)

8915 NW 12 AVE
Address

MIAMI FL 33150
City, State & Zip

786-258-1866
Daytime Telephone number

LeroyCrumbley@hotmail.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: Renaissant Acquisitions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8915 NW 12 Ave
MIAMI, FL 33150

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leroy Crumbley

Name and Title: /CEO/ Director

Address: 8915 NW 12 Ave
MIAMI, FL 33150

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
JAN 16 AM 10:16
CLERK OF DISTRICT COURT
JAN 16 2017

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: Leroy Crumbley
Address: 8915 NW 12 AVE
Miami FL

ARTICLE VII INCORPORATOR

The name and address of the incorporator is: ↑

Name: Leroy Crumbley
Address: 8915 NW 12 AVE
Miami FL 33150

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 days prior or 90 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

2/16/17
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

2/16/17
Date

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