Pnoodons

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

Office Use Only



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NL NUG 14 2017

R. WHITE



August 2, 2017

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

RENTON MERCANTILE, INC.

DOCUMENT NUMBER: F03000001332

DISSOLUTION/WITHDRAWAL

Dear Sir or Madam:

In reference to the above captioned Foreign Entity, attached please find a fully executed Application by Foreign Corporation for Withdrawal to be effective August 2, 2017 along with the pertinent filing fee of \$35.00.

In addition, we wish to incorporate Renton Mercantile, Inc. as a Florida Profit Corporation to be effective immediately after the Foreign Corporation is dissolved. Enclosed is the cover letter, Articles of Incorporation and check in the amount of \$70.00 for the filing fees.

You may email manny@sfmia.com upon completion of the filing.

Should you have any questions, please feel free to contact our office.

Very truly yours,

Sachs Diaz & Diaz, P.L.

Manny Diaz, CPA

For the Firm

∠MĎZ/mv

cc: Renton Mercantile, Inc.

COVER LETTER

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

SUBJECT: RENTON MERCANTILE, INC.

SUBJECT:	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation an	d a check for:		
■ \$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	Manny Diaz, CPA - Sachs Diaz & D	iaz, PL			
-	Name (Printed or typed) 2850 S. Douglas Road, Suite 302				
	Coral Gables, FL 33134	Address			
	City, State & Zip				
	(305) 446-9700				
	Daytime Telephone number				
	manny@sfmia.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)

TOTE H DOIS	CIDAL OFFICE		
<u>ICLE II PRIN</u>	Principal <u>street</u> address	Mailing address, if	different is
7 Collins Avenue,	Suite 1805		
mi Beach, FL 331	40		
TICLE III PURE purpose for which	POSE the corporation is organized is:	all lawful business	
			
· 			
ICLE IV SHAI	<u>ÆS</u> 100		
TICLE IV SHAI number of shares o	<u>RES</u> f stock is:		
number of shares o	f stock is:		
number of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS Robusto Biologid Brusidant	Name and Title:	
number of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS Robusto Biologid Brusidant	Name and Title:	
number of shares of the shares of the share and Tite of the share	f stock is: AL OFFICERS AND/OR DIRECTORS Roberto Pichard, President	Name and Title: Address:	.
number of shares of the shares of the share and Tite of the share	f stock is: AL OFFICERS AND/OR DIRECTORS le: Roberto Pichard, President 5757 Collins Avenue, Suite 1805		
number of shares of the shares of the share and Tite Address	AL OFFICERS AND/OR DIRECTORS Roberto Pichard, President 5757 Collins Avenue, Suite 1805 Miami Beach, FL 33140	Address:	
number of shares of TICLE V INITI Name and Tit Address Name and Titl	f stock is: AL OFFICERS AND/OR DIRECTORS Roberto Pichard, President 5757 Collins Avenue, Suite 1805 Miami Beach, FL 33140 e:	Address: Name and Title:	
number of shares of the shares of the share and Tite Address	f stock is: AL OFFICERS AND/OR DIRECTORS Roberto Pichard, President 5757 Collins Avenue, Suite 1805 Miami Beach, FL 33140 e:	Name and Title: Address:	
number of shares of TICLE V INITI Name and Tit Address Name and Titl	f stock is: AL OFFICERS AND/OR DIRECTORS Roberto Pichard, President 5757 Collins Avenue, Suite 1805 Miami Beach, FL 33140 e:	Address: Name and Title: Address:	
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Name and Titl Address Address	f stock is: AL OFFICERS AND/OR DIRECTORS Roberto Pichard, President 5757 Collins Avenue, Suite 1805 Miami Beach, FL 33140 e:	Address: Name and Title: Address:	
Name and Titl Address Address	AL OFFICERS AND/OR DIRECTORS Roberto Pichard, President 5757 Collins Avenue, Suite 1805 Miami Beach, FL 33140 e:	Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	
Name:	Roberto Pichard	of the registered agent is.
Address:	5757 Collins Avenue, Suite 1805	_
	Miami Beach, FL 33140	-
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	Roberto Pichard	
Address:	5757 Collins Avenue, Suite 1805	
	Miami Beach, FL 33140	_
Effective date, i (If an effective filing.) Note: If the dat		. (OPTIONAL) not be more than five days prior or 90 days after the le statutory filing requirements, this date will not be listed as s.
this certificate, I	am familiar with and accept the appointment as i	ess for the above stated corporation at the place designated is registered agent and agree to act in this capacity
	Allina	08/02/2017 Date
	Required Signature/Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein a Department of <u>State</u> constitutes a third degree fel	re true. I am aware that the false information submitted in cony as provided for in s.817.155, F.S.
h	Miles	05/02/2017
Requ	iired Signature/Incorporator	Date

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