

P19000055161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

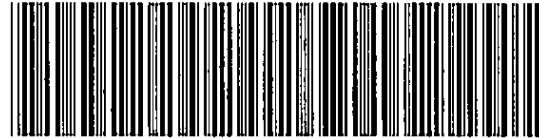
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUL -1 AM 8:13

FILED

JUL 1 6 2019

K. Brumbley

COVER LETTER

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

SUBJECT: Raneva 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: Randal G. Hurth  
Name (Printed or typed)  
9175 Melody Circle  
Address  
Port Charlotte FL 33981  
City, State & Zip  
309-530-3395  
Daytime Telephone number  
randyhurst@gmail.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: Raneva Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9175 Melody Circle  
Port Charlotte FL 33981

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Independent contractor - wholesale furniture sales

**ARTICLE IV SHARES**

The number of shares of stock is: 50,000

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Randal G Hurth president</u>	Name and Title:	<u>Randal G Hurth - secretary</u>
Address	<u>9175 Melody Circle</u> <u>Port Charlotte FL 33981</u>	Address:	<u>9175 Melody Circle</u> <u>Port Charlotte FL 33981</u>

Name and Title:	<u>Randal G. Hurth - Treasurer</u>	Name and Title:	_____
Address	<u>9175 Melody Circle</u> <u>Port Charlotte FL 33981</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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: Randal G. Hurth pres  
Address: 9175 Melody Circle  
Port Charlotte FL 33981

**ARTICLE VII INCORPORATOR**

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

Name: Randal G Hurth Pres  
Address: 9175 Melody Circle  
Port Charlotte FL 33981

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: June 20, 2019 (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*

Randal G Hurth - President 6/10/19  
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.*

Randal G Hurth - President 6/10/19  
Required Signature/Incorporator Date