

3/23/2020

Division of Corporations

P20000025034
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000090719 3))



H200000907193ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

RECEIVED
20 MAR 23 PM 9:11
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2020 MAR 23 PM 12:56

FLORIDA PROFIT/NON PROFIT CORPORATION
Museum of Relics Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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: Museum of Relics Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
238 Lansing Island Drive
Indian Harbour Beach FL 32937

Mailing address, if different is:
P.O. Box 561358
Rockledge FL 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Museum to teach and display native american artifacts, fossils and other

FILED
20 APR 23 PM 03:14
SERIALIZED
TALLAHASSEE

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward W Rensing, President Name and Title:
Address: 238 Lansing Island Drive Address:
Indian Harbour Beach FL 32937

Name and Title: Name and Title:
Address: 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: Vcorp Services, LLC

Address: 5011 South State Road 7, Suite 106
Davie FL 33314

ARTICLE VII INCORPORATOR

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

Name: Laura Bohan

Address: 25 Robert Pitt Drive Suite 204
Monsey NY 10952

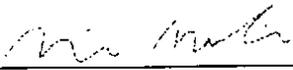
ARTICLE VIII EFFECTIVE DATE:

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

<u></u>	<u>03/16/2020</u>
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.

<u></u>	<u>03/16/2020</u>
Required Signature/Incorporator	Date