

3/23/2020

Division of Corporations

**P20000025034**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

**\*\*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**  
**Museum of Relics Inc.**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$70.00

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Corporate Filing Menu

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**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 DriveIndian Harbour Beach FL 32937Mailing address, if different is:  
P.O. Box 561358Rockledge 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**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 \_\_\_\_\_

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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

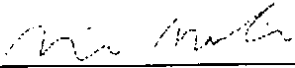
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
Required Signature/Registered Agent

03/16/2020

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

03/16/2020

Date