

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 : CERTIFIED TAX AND ACCOUNTING, LLC  
Account Number : I20200000172  
Phone : (786)553-4040  
Fax Number : (123)456-7890

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

Email Address: Ctacerified@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Renovation EXD, Corp**

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

J. FASON

NOV 25 2020

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**COVER LETTER**

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

SUBJECT: Renovation EXO Corp  
(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: Francisco Cambeyro Jr.  
Name (Printed or typed)

383 Westward Dr.  
Address

Miami Springs, FL 33146  
City, State & Zip

786-553-4040  
Daytime Telephone number

ctacertified@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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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:

Renovation EXO, Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address2335 Brickell Ave Apt. 1814  
Miami, FL 33129-2415

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to work legally as a  
Construction company who does renovation of commercial  
and residential properties.**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**President - Name and Title: Francisco Cambeyank (P) Name and Title:Address 2350 SW 27th Ave. Address:Apt. #702Miami, FL 33145

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address 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:

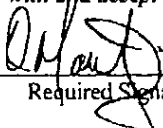
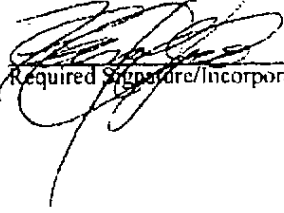
Name: Osiris MartinezAddress: 383 Westward Dr.  
Miami Springs, FL 33146**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Francisco Cambeyro Jr.Address: 2350 SW 27 Ave. #702  
Miami, FL 33145**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 Agent11/17/2020  
\_\_\_\_\_  
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/IncorporatorDate 11/17/2020

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