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DIVISION OF CORPORATIONS

98 JUN -8 PM 3: 50

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

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SUBJECT:				
		oorate name - must include s		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
			- TALLOCKED	
FROM:	Renate Bielefeld	-	<u> </u>	
Name (Printed or typed) 5207 South Atlantic Ave. #924 Address				
New Smyrna Beach, FL 32169-4555 City, State & Zip				
904-424-9517 Daytime Telephone number				

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Reniro Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5207 South Atlantic Ave. #924 New Smyrna Beach, FL 32169-4555

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 common shares with a par value of \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Renate Bielefeld 5207 South Atlantic Ave. #924 New Smyrna Beach, FL 32169-4555

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Renate Bielefeld 5207 South Atlantic Ave. #924 New Smyrna Beach, FL 32169-4555

Signature/Incorporator

6-4-98

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Date