P9900098581

TRANSMITTAL LETTER

Department of	State
Division of Co	rporations
P. O. Box 632	
Tallahassee Fi	30214

800002991048--8 -09/20/99--01082--016 *****87.50 *****87.50

SUBJECT: RENAISSANCE DESIGN & FRAMING INC.
(Proposed corporate name - must include suffix)

Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	HABRIEL Name (Pr	AXAM LLIAN inted or typed)	-	SECRE	1999 SEP	
	1809 E N	ormanny Blu	4	TARY OF ASSEEL F	20	FILED
	Del TONA City, S	FL 3272	25-	FLORIDA	2	-
	(407) 628 Daytime Te	ephone number				

A. Howell NOV 9 1999

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 23, 1999

GABRIEL MAXAMILLIAN 1809 E. NORMANDY DELTONA, FL 32725

SUBJECT: RENAISSANCE DESIGN & FRAMING INC.

Ref. Number: W99000021929

We have received your document for RENAISSANCE DESIGN & FRAMING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6925.

Angela Howell Document Specialist

Letter Number: 699A00046559

ARTICLES OF INCORPORATION.

FILED

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

1999 SEP 20 PM 2: 21 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be:

RENAISSANCE DESIGN & Franky

PRINCIPAL OFFICE

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

1809 E NORMANDY BLUG. DELTONA FLA, 32725 (PRINCIPAL

P.O. Box 940491 MaitLAND FL 32794 (Mailing)

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GABRIEL MAXAMILLIAN 1809 E NORMANOY Deltona FL 32725

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ONNIE ALDEBOT 1809 E NOrmann Riud DeLtona EL 32725

Signature/Incorporator

(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, nelating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position a

Signature/Registered Agent

9.7.99

Date