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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only

N. SAMS



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Lia | ability Company is: | | | |
|--|---|---|--|---------------------|
| SANCHEZ REN | NOVATION LLC | | | |
| (Must | end with the words "Limited | d Liability Company, "L | L.C" or "LLC.") | |
| ARTICLE II - Address: The mailing address and stre | eet address of the principal o | office of the Limited Lia | bility Company is: | |
| Pri | ncipal Office Address: | | Mailing Address: | |
| 6150 BLUE DU ORLANDO, FL | | | LUE DUCK APT 50 PDO, FL 32809 | |
| | | | | |
| (The Limited Liability Comp | pany cannot serve as its owr | n Registered Agent, You | Signature: must designate an individual o | or |
| ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida st | pany cannot serve as its owr nan active Florida registration | n Registered Agent, You on.) | | or |
| (The Limited Liability Companother business entity with | pany cannot serve as its owr nan active Florida registration | n Registered Agent. You on.) ed agent are: | | ಆ |
| (The Limited Liability Companother business entity with | pany cannot serve as its own an active Florida registration reet address of the registere | n Registered Agent. You on.) ed agent are: | | 9NAS 19 . |
| (The Limited Liability Companother business entity with | pany cannot serve as its own an active Florida registration reet address of the registere | n Registered Agent, You on.) ed agent are: ICHEZ Name | | 9NAS 19 . |
| (The Limited Liability Companother business entity with | pany cannot serve as its own an active Florida registration are address of the registered DENIS RENE SAN 6150 BLUE DUCK | n Registered Agent, You on.) ed agent are: ICHEZ Name | must designate an individual o | 9NAS 19 . |
| (The Limited Liability Companother business entity with | pany cannot serve as its own an active Florida registration are address of the registered DENIS RENE SAN 6150 BLUE DUCK | n Registered Agent, You on.) ed agent are: ICHEZ Name | must designate an individual o | ಆ |

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S..

Den'S Rene Sanche?

Registered Agent's Signature (REQUIRED)

(CÓNTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | |
| MGR = MANAGER | DENIS RENE SANCHEZ |
| | 6150 BLUE DUCK APT 50 |
| | ORLANDO, FL 32809 |
| | |
| | |
| | |
| | |
| | Name of the state |
| | |
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| fective date is listed, the date mu of filing.) | the date of filing: 05/30/2019 . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be |
| LE V: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doment's effective date on the Dep LE VI: Other provisions, if any. | st be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artment of State is records. |
| LE V: Effective date, if other than fective date is listed, the date mu of filing.) If the date inserted in this block doument's effective date on the Dep LE VI: Other provisions, if any. | st be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artment of State is records. |
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