

M230000013090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

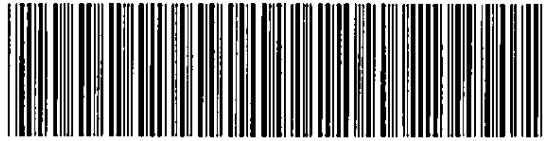
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W23000125464

Office Use Only



500414468035

08/25/23--01021--007 \*\*125.00

2023 OCT 10 PM 4:14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2023

ROBERT J. KEATING  
5377 MANHATTAN CIR, STE 203  
BOULDER, CO 80303 US

SUBJECT: 150 INTREPID 8A, LLC  
Ref. Number: W23000125464

We have received your document for 150 INTREPID 8A, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 723A00021094

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 150 Intrepid 8A, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert J. Keating

\_\_\_\_\_  
Name of Person

Keating & Lyden, LLC

\_\_\_\_\_  
Firm/Company

5377 Manhattan Cir. Ste 203

\_\_\_\_\_  
Address

Boulder, CO 80303

\_\_\_\_\_  
City/State and Zip Code

branden@keatingandlyden.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J. Keating

303

448-8801

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy


**STATEMENT OF FACT RELEASING THE NAME  
OF A DOMESTIC LIMITED LIABILITY COMPANY**

This Statement of Fact Releasing the Name of a Domestic Limited Liability Company is executed on this 10<sup>th</sup> day of August, 2023, by Ranee Marie David (the "Member") whose mailing address is 735 Rider Ridge Drive, Longmont, Colorado 80504, to release the name of the company, 150 Intrepid 8A, LLC (the "Company"). The Company was electronically dissolved on the date listed below (the "Dissolution Date"). The Member hereby declares that it has no intention of ever using the name of the Company as Florida domestic limited liability company, and such name shall be released for another filing.

Name of Company:	150 Intrepid 8A, LLC
Document Number of Company:	L23000230246
Dissolution Date:	July 24, 2023

IN WITNESS WHEREOF, the Member has executed this Statement on the date set forth above.

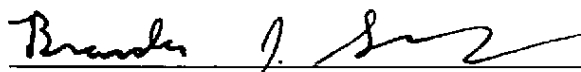
**MEMBER:**

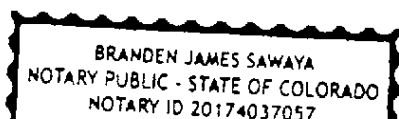
  
\_\_\_\_\_  
Ranee M. David

STATE OF COLORADO                    )  
  ) ss.  
COUNTY OF BOULDER                )

I certify that I know or have satisfactory evidence that Ranee Marie David is the person who appeared before me, and said person acknowledged Ranee Marie David signed this instrument and acknowledged it to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: 8/10/2023

  
\_\_\_\_\_  
Notary name printed or typed: Branden James Sawaya  
Notary Public in and for the State of: Colorado  
Residing at: 5377 Manhattan Cir. Ste 203  
Boulder CO 80302  
My appointment expires: September 5, 2025



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 150 Intrepid 8A, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Colorado 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 28, 2023  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0004 & 605.0005, F.S. to determine penalty liability)

5. 150 Intrepid Way 6. 735 Rider Ridge Drive  
(Street Address of Principal Office) (Mailing Address)

#8-A  
Cape Canaveral, FL 32920 Longmont, CO 80540

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc  
Office Address: 7901 4th St N, STE 300  
St. Petersburg 33702  
(City) (State) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

2023 OCT 10 PM 4:14

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Renaissance Endeavors, LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 735 Rider Ridge Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Longmont, CO 80504	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

  
 \_\_\_\_\_  
 Signature of an authorized person

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

150 Intrepid 8A, LLC

is a

Limited Liability Company

formed or registered on 04/28/2023 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20231466316 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/28/2023 that have been posted, and by documents delivered to this office electronically through 09/29/2023 @ 09:57:39 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/29/2023 @ 09:57:39 in accordance with applicable law. This certificate is assigned Confirmation Number 15362820 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria> do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate.*