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DATE: 12/16/20

NAME:

RENAISSANCE LENDERS, INC

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE abbie Hodge

## **COVER LETTER**

_	tration Section on of Corporations				
SUBJECT:	Renaissance Lenders, Inc.				
SOBSECT.	Name o	f corporation -	must include suffix		
Dear Sir or Ma	adam:				
"Certificate of	"Application by Foreign Cor Existence," or "Certificate of red foreign corporation to tra	of Good Standi	ing" and check are subm		
Please return a	all correspondence concerning	g this matter to	o the following:		
Richard G. Ree	ese Jr.				
		Name of Pe	erson		
Renaissance Lo	enders, Inc.				
		Firm/Comp	any		
8221 Ritchie H	wy, Ste 203				
	····	Addres	s		
Pasadena, MD	21122				
		City/State and	l Zip code		
accounting@re					
	E-mail address:	(to be used for	r future annual report no	tification)	
For further inf	ormation concerning this ma	itter, please cal	II:		
Richard G. Ree	at ()				
Name	e of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amou eck payable to: FLORIDA DE ng Fee	PARTMENT C	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORATED," forp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	1′.,
	•		
(If name unavail	able in Florida, enter alternate corporate name a	donted for the purpose of transacting	g business in Florida)
New Jersey 3.		27-0624765	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. 07/24/2009	of incorporation) 5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
6			<del></del>
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ty)
7. 8221 Ritchie Hw	y, Ste 203 Pasadena, MD 21122		
· · · · · · · · · · · · · · · · · · ·	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O.	. Box NOT acceptable)	<b>2021</b> SEI
	Paracorp Incorporated		DEC -
Name:	155 Office Plaza Drive, 1st Floor	<del></del>	
Office Address:			
	Tallahassee	, Florida	<del>-</del> , 1
	(City)	(Zip code)	7: 45
9. Registered ag	ent's acceptance:		
	ned as registered agent and to accept service		
Having been nam	application, I hereby accept the appointme		
Having been nam designated in this further agree to c	application, I hereby accept the appointments omply with the provisions of all statutes re-	lative to the proper and complete	
Having been nam designated in this further agree to c		lative to the proper and complete	
Having been nam designated in this further agree to c	comply with the provisions of all statutes re	lative to the proper and complete	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS Richard G. Reese Jr. Paul Jednorski □Chairman ☐ Chairman 8221 Ritchie Hwy, Ste 203 8221 Ritchie Hwy, Ste 203 ☐ Vice Chairman Address: ☐Vice Chairman Address: Pasadena, MD 21122 Pasadena, MD 21122 □Director Director **■**President ☐ President □Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer ☐ Other Other\_\_\_\_\_ ☐ Other \_\_\_\_\_\_ Other \_\_\_\_\_ □ Chairman Name: C Chairman Name: \_\_\_\_\_ Address: \_\_\_\_ □Vice Chairman Address: □ Viœ Chairman □ Director Director ☐ President DPresident □Vice President \_ ☐ Vice President □ Secretary □ Treasurer □ Secretary Treasurer □Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Chairman Name: □ Chairman Name: Address: □Vice Chairman Address: □ Vice Chairman □Director □ Director □President □ President □ Vice President □ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer ☐Other \_\_\_\_\_ ☐ 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 affect to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Paul Jednorski, Director

## STATE OF FLORIDA

### REGISTERED AGENT CONSENT FORM

DATE: 12/15/2020

ENTITY NAME:

RENAISSANCE LENDERS, INC.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### RENAISSANCE LENDERS, INC. 0101002788

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on July 24, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

PARACORP INCORPORATED 208 W STATE STREET TRENTON, NJ 08608-1002



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 11th day of December, 2020

Elizabeth Maher Muoio State Treasurer

der A Men

Certificate Number: 6113778454

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp