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TO AUS 11 AM III:

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N. Custingen AUG 11 2018

COVER LETTER

TO:

Registration Section

Division (of Corporations		
SUBJECT:	RE~EGADE MAN	KETME LLC	
50B0B011	Name of Limit	ed Liability Company	
The enclosed Artic	eles of Organization and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this mat	ter to the following:	
	GARY PERCOCE		
41.1 T-144.1	GARY PEACOCK	Name of Person	
•	RENEGADE MARKET	ic	
		·Firm/Company	
	320 TURKEY RU	~	
		Address	
4	fund , FL :	3 2 3 3 y/State and Zip Code	
		•	
	E-mail address: (to be used	for future annual report notification)	
For further informa	ntion concerning this matter, please	e call:	
A 10. 4 . 5 . 4	· -	No. Company of the Co	
DEWAIS A	Vame of Person	at (850) 339-7696 Area Code & Daytime Telephone Number	
Enclosed is a che-	ck for the following amount:		
□\$125.00 Filing F	ee \$\square\$\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\begin{align*} \mathbb{G} & \mathbb{G} & \mathbb{G} & \mathbb{G} & \mathbb{G} & \mathbb{C} &	ıs &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	;
REMEGADE MARKE LLC	<u> </u>
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
HAMMA, FL 32333	(SA4E)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the agency of the street address of the	registered agent are:
320 TURNEY RU	dress (P.O. Box NOT acceptable)
	dress (P.O. Box NOT acceptable) FL 32333 ate, and Zip
liability company at the place designated in a registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regi	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of al erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Title:		Name and Address:
"MGR" = Manage "MGRM" = Mana		
MORIVI - Malia	ignig ivienibei	
GARY PEACO	CK MGRM	HAVANA, KL 32333
		HAVANA, EL 32333
DENNES FLOR	FACT MGAM	1199 GIFFACUALD AL
15 2-1-1-25- 7- (8/2)		1189 GLEENSWALD BR PALLAHASSEE, FL 32312
		
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ELE V: Effective date is listed days after the days	NATURE: Signature of a member of this document constitute the facts stated he	er or an authorized representative of a member.

ARTICLE IV- Manager(s) or Managing Member(s):