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PICK-UP	MAIT	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to I	Filing Officer:				
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Office Use Only



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Effective Date 1/1/12

2011 DEC 19 AM 9: 29
SECRETARY OF STATE

T. HAMPTON

DEC 3 0 2011

EXAMINER

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के भोगा है। स	TO:	Registration Section Division of Corporations			
	SUBJ	Renegade Reps, LLC			
Name of Limited Liability Company					
		The enclosed Articles of Organization and fee(s) are submitted for filing.			
	Please	Please return all correspondence concerning this matter to the following:			
		Todd Carpenter Name of Person	_		
		Name of Person			
		Firm/Company			
a there is 本 が確認され h					
•		322 W. Lake Victoria Cir.	· 		
	`	Address			
		DeLand, FLA 32724	·		
		City/State and Zip Code			
	··· .	todd2626@gmail.com E-mail address: (to be used for future annual report notification)			
	For fiv	ther information concerning this matter, please call:			
	10114				
	Todo	1 Carpenter at (407) 739 6771			
		Name of Person Area Code & Daytime Telephone Number			
第7 g er 前7 g t ec 第 2 e g - 5 7 9 7		sed is a check for the following amount:			
g1	₹ \$125.00	O Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	&		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Street/Courler Address Registration Section Division of Corporations Clifton Building			
	~ <u>~</u> ~	Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
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11 DEC 19 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 29, 2011

TODD CARPENTER 322 W LAKE VICTORIA CIR DELAND, FL 32724

SUBJECT: RENEGADE REPS, LLC

Ref. Number: W11000059951

We have received your document for RENEGADE REPS, 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):

Your articles was incomplete. The first page of your articles was not attached to your filing. Please complete the first page and return to my attention at the address listed at the bottom of this letter.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00026758

www.sunbiz.org

Division of Cornerations - P.O. ROY 6327 - Tallahassoa, Florida 32314

Effective Date

ANTICLES OF UNC	JANIZATION FOR FL	ORIDA LIVITED LIABILITY COMPANY
ARTICIE I - Name: The name of the Limit	ed Liability Company is:	
Renegade Rep	s, LLC	
(Must er	nd with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address an		ncipal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
322 W. Lake Victoria Ci	r.	322 W. Lake Victoria Cir.
DeLand, FLA 32724		DeLand, FLA 32724
ARTICLE III - Regis (The Limited Liability Compa business catity with an active	ny cannot serve as its own Registe	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Flor	ida street address of the re	egistered agent are:
<u>A</u> s	strid De Parry, PA	
	Name	
10	7 E. Church St.	
	Florida street addi	ress (P.O. Box NOT acceptable)

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 608, F.S..

FL 32724 City, State, and Zip

Registered Agent's Signature (REQUIRED)

DeLand

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM Todd Carpenter** 322 W. Lake Victoria Cir. DeLand, FLA 32724 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 22-Nov-2011 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.40%(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.) Todd Carpenter Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)