L16000015452

(Re	equestor's Name)	
(Address)		
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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2015 DEC 17 PH 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORID

JAN 2 7 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2015

PASCAL RENN 1793 RISING OAKS DR JACKSONVILLE, FL 32223

SUBJECT: RENN CONSTRUCTION, INC.

Ref. Number: P14000053900

We have received your document for RENN CONSTRUCTION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$115.00.

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

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) 245-6052.

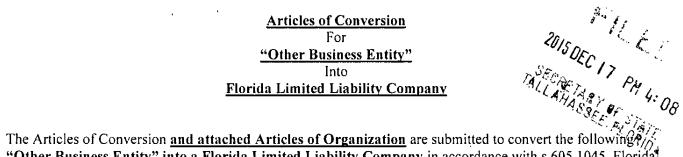
Teresa Brown Regulatory Specialist II

Letter Number: 915A00027057

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Renn Construc	Iting Florida Limited Company)	_
The enclosed Articles of Conversion, Articles of Business Entity" into a "Florida Limited Liability		
Please return all correspondence concerning this	matter to:	
Too R Sm. Hh Esc (Contact Person) Law Offices of Kohl (Firm/Company)	\$ Sm. 4h	
150 Wage Cia		
(City, State and Zip Code)		
E-mail Address: (to be used for future annual report no	th.com	
For further information concerning this matter, p	lease call:	
(Name of Contact Person) at (904) Z30-3200 (Area Code) (Daytime Telephone Number)	_
Enclosed is a check for the following amount:		
	80.00 Filing Fees Certified Copy Certified Copy, and Certificate of Status	Fees (#352 Already pars) for Conversion t
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	Article of Ongovert

Tallahassee, FL 32301



"Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Real Construction Luc. (Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a Corporation (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of Florian (Enter state, or if a non-U.S. entity, the name of the country)	
on Tone 19 2014 (Enter state, or if a non-U.S. entity, the name of the country) (date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	:
Renn Construction LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the	
date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	'e

Page 1 of 2

Signed this 13th day of JANUARY	20_/6			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative: V (200) Printed Name: PASCA H. RENN	Title: MANAGER			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]				
Signature: PASCAL H. RENN				
Printed Name: PASCAL H. RENN	_Title:			
Signature:				
Signature: Printed Name:	_ Title:			
Signature:				
Signature: Printed Name:	_ Title:			
Signature:				
Signature: Printed Name:	Title:			
Signature:Printed Name:	_ Title:			
Cianatana				
Signature:Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Control of Chairman, Vice Chairman, Director, or Control of Chairman, Director, or Chairman, Director,	Officer.			
If Directors or Officers have not been selected, an Inc	corporator must sign.			
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
All others: Signature of an authorized person.				
Fees:				
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
	STRUCTION LLC
(Must end with the words. Elimited El	lability Company, E.E.C., of EEC.)
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1793 Rising Oaks Da. JACKSONVILL, FL 3222	1793 RISING OAKS DR. JACKSONVILL, FL 32223
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	he registered agent are:
Too R	Smith, Esq.
N	ame
150 WAA	red Circle
Florida street address (l	P.O. Box NOT acceptable)
Smint Joh	NS FL 32259 Zip
City	Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	nd to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of aliete performance of my duties, and I am familiar with and registered agent as provided for in Chapter 605, F.S
Pagistered Agant's	Signature (REQUIRED)
Registered Agent's a	Signature (KEQUIKED)

(CONTINUED)

Page 1 of 2

•	authorized to manage and control the Limited Liability
Title: "AMBR" = Authorized Member "MGR" = Manager AMBR MGR	Name and Address: Pascal H. Renn 1793 Rising Onks Dr. Jacksonville, FL 32223
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior the applicable statutory filing requirements, this date will not be listed as the records.
ARTICLE VI: Other provisions, if any.	
	or an authorized representative of a member.
I am aware that any false informa constitutes a third degree felony a	cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. A SCA H. IZEWW med or printed name of signee
	Filing Fees Organization and Designation of Registered Agent