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| (Requestor's Name)                      |                    |             |  |  |
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| (Address)                               |                    |             |  |  |
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| (Address)                               |                    |             |  |  |
|   |                    |             |  |  |
| (Ci                                     | ty/State/Zip/Phone | e #)        |  |  |
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| Special Instructions to Filing Officer: |                    |             |  |  |
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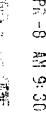


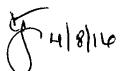
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### COVER LETTER

| SUBJECT      |  | سد   |
|--------------|--|--|
|              | Name of Limited Liability Company                                  |  |
| The enclos   | ed Articles of Organization and fee(s) are submitted for filing.   |  |
| Please retu  | rn all correspondence concerning this matter to the following:     |  |
|              | David J. Ehrlich   |  |
|              | Name of Person   | <del></del>                                      |
|              | N/A  |  |
|              | Firm/Company   |  |
|              | 725 East Park Avenue   | ĭASE<br>SEC                                      |
|              | Address  | 3 2 5<br>3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|              | Tallahassee, FL 32301  |  |
|              | City/State and Zip Code  | <br> SL  |
| -            | dehrlich@dbksmn.com  |  |
|              | E-mail address: (to be used for future annual report notification) | . sette  |
| or further i | nformation concerning this matter, please call:                    |  |
|              | David Ehrlich 850 273-1509 at ( )                                  |  |
|              | Name of Person Area Code Daytime Telephone Number                  |  |
| Enclosed is  | a cheek for the following amount:                                  |  |
| \$125.00 F   |  |  |

# **Mailing Address**

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

## Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Arra III. Asia Falib

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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# RENEGADE COMMERCIAL SERVICES.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address:      |
|---------------------------|-----------------------|
| 725 East Park Avenue      | 725 East Park Avenue  |
| Tallahassee, FL 32301     | Tallahassec, FL 32301 |

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| Clifton S. Renn, Eso | ±                                 |            |
|----------------------|-----------------------------------|------------|
|                      | Name                              |            |
| 725 East Park Aven   | ue                                |            |
| Florida street addre | ss (P.O. Box <u>N<b>OT</b></u> ac | cceptable) |
| Tallahassee          | FL                                | 32301      |
| City                 | State                             | Zip        |

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 605. F.S..

Registered agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| Title:  | Name and Address:                   | 6.00 6.00 C 4.00                          |
|---|-------------------------------------|---|
| "AMBR" = Authorized Member                                |                                     | SEGRE AND LA STATE TALLAHASSEE FLORID     |
| "MGR" = Manager   | Cl'és é D F                         | IALLAHASSISS PULDATIN                     |
| AMBR  | Clifton S. Renn, Esq.               | ****                                      |
|   | 725 East Park Avenue                |   |
|   | Tallahassec, FL 32301               |   |
| AMBR  | David J. Ehrlich                    |   |
| The desired   | 725 East Park Avenue                |   |
|   | Tallahassee, FL 32301               |   |
|   |                                     |   |
| <del></del>   |                                     |   |
|   |                                     | <del></del>                               |
|   | <del>-</del>                        |   |
|   |                                     |   |
|   |                                     |   |
|   |                                     | *****                                     |
| (Use attachment if necessary)                             |                                     |   |
| ARTICLE V: Effective date, if other than the date of fil  | ling: DOF                           | .(OPTIONAL)                               |
| If an effective date is listed, the date must be specific | and cannot be more than five b      | ousiness days prior to or 90 days after   |
| the date of filing.)                                      |                                     |   |
| Note: If the date inserted in this block does not meet    | the applicable statutory filing req | uirements, this date will not be listed a |
| the document's effective date on the Department of St     | ate's records.                      |   |
| ARTICLE VI: Other provisions, if any.                     |                                     |   |
| 75% Ownership Interest Vested In: Clifton S. Renn, E      | ra                                  |   |
| Swhership Interest Vested In: David J. Ehrlich            | oq                                  |   |
| - Contoranty interest vested in David J. Entriet          |                                     |   |
|   |                                     |   |

**REOUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

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.

David J. Ehrlich

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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