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Division of Corporations

Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
RENAISSANCE INVEST LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED
17 APR 23 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 23 PM 4:55

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Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, THOMAS NASRI who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the sole President of RENAISSANCE INVEST LLC a Florida corporation, filed with the Florida Department of State on 09/23/2016.
2. The undersigned hereby consents to and authorizes the use of the name RENAISSANCE INVEST LLC
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

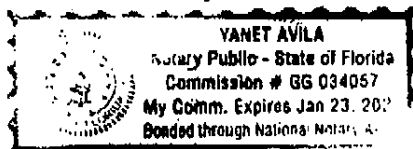
Thomas Nasri

THOMAS NASRI

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, THOMAS NASRI who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 3 day of May, 2017.



[Signature]
Notary Public

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17 APR 23 AM 7:10
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RENAISSANCE INVEST LLC

(Must contain 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:c/o PAUL A. MCKENNA & ASSOCIATES, P.A.
703 WATERFORD WAY STE: 220
MIAMI, FL 33126SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

RENE VELAZQUEZ, CPA

Name

100 N. BISCAYNE BLVD STE: 2800Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33132

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**THOMAS NASRIAVENUE RIOND BOSSON 121110 MORGES SWITZERLAND

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

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.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:***Thomas Nasri*

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.THOMAS NASRI

Typed or printed name of signer