

7/13/2020

L20000197804

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.

LE RENARD LUX, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2020 JUL 13 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

LE RENARD LUX, LLC.

**ARTICLE II - ADDRESS:**

The physical and mailing address of the Limited Liability Company is:

96360 Soap Creek Drive  
Fernandina Beach, FL 32034

**ARTICLE III - REGISTERED AGENT NAME, OFFICE & SIGNATURE:**

The name and Florida street address of the registered agent are

Maria Cummins  
96360 Soap Creek Drive  
Fernandina Beach, FL 32034

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, Florida Statutes.

  
Registered Agent's Signature

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**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):**

The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

Member

Jonathan Cummins  
96360 Soap Creek Drive  
Fernandina Beach, FL 32034

Member

Maria Cummins  
96360 Soap Creek Drive  
Fernandina Beach, FL 32034



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

(In accordance with section 605.0203 (1) (b), 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.)

Maria Cummins

Typed or printed name of signer

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