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TALLAHASSIE, FL

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COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:	Renaissance Name of Lim	Labs CCC	
The enclosed Articles of	of Organization and fee(s) are	e submitted for filing.	
Please return all corres	ondence concerning this ma	tter to the following:	
	Brundon	Evan S Name of Person	
	Renaissa	Name of Person n(e Labs LLC Firm/Company	
	7205 w/	Hlantic Bluc	1 unit 204
		ute FL 33663 ity/State and Zip Code	
	Cryations E-mail address: (to be used	Of Cloud (OM) for future annual report notificati	on)
For further information c	oncerning this matter, please	call:	
Bray Nai	nc of Person Ar	ea Code Daytime Telephon	e Number
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address Filing Section	Street Address New Filing Section Di	vision

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Co	LLC
(Must contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:
1020 NW 163 rd Dr Minni (Awdens FL 33169)	7205 W. Attentic Bludwir 204 Marguse FC 33063
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Brandon Eva	SECNETAN: 8714-1818
Name	
1205 W. Atlanti	NOT acceptable) 33063
Florida street address (P.O. Box	NOT acceptable)
Margule FL	<u>33063</u>
City State	Zip

ħ 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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M B R	Brandon Evans 1205 W. Atlantic Blue unit 204 Magnete Fr 33003
MMG R	Jacquelne Porter 7205 W. Atlantic Blad w211264 Margure EL 32063
	
If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does not be a second or the date inserted in this block does not be a second or the date.	date of filing:(OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departm ARTICLE VI: Other provisions, if any.	ent of State's records.
REOUIRED SIGNATURE:	D5/
This document is/ex I am aware that any the constitutes a third do	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typed or printed name of signee

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Renaissance Labs (CC				
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Brundon Evans Name of Person				
Renaissance Lass LLC Firm/Company				
7205 w Atlantic Blud unit 204				
Margate FL 33663 City/State and Zip Code				
C. C. (O. 1.) and O. i. a. l. a. C. and				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□S125.00 Filing Fee				
Mallian Address				

Mailing Address

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

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303