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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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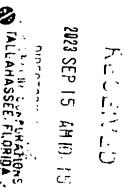
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COVER LETTER

TO: New Filing Se Division of C				
SUBJECT: Jaj	nguest In	rves frends !	Property	henouation - C
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
1	or lungs			_
/wng	wot Invest	Firm/Company	by Renova	lins LLC
9	30 Millare	Address		_
	Tallaharra Ci	ty/State and Zip Code	52	۱۵٤
	E-mail address: (to be used	for future annual report notificati	on)	
For further information o	oncerning this matter, please	eall)		
•		25D 2/2 8. Code Daytime Telephon	e Number	
Enclosed is a check for	the following amount:			
□\$125.00 Filing Fee	Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee Certificate of Status of Certified Copy (additional copy is encl	E
·	ing Address Filing Section	Street Address New Filing Section Di	ivision	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Turnquest Investave	uts ! Property Renountions	LL C
(Must contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLČ.")	
ARTICLE II - Address:		
The mailing address and street address of the principal office of the	Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
()6 11 1		

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 ity 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:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
in the standard			
	- 12 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
			
	- O)		
	*		
			
41			
(Use attachment if necessary)			
ARTICLE V: Effective date if other than the date of	filing:		
(If an effective date is listed, the date must be speci	fic and cannot be more than five business days prior to or 90 days after		
the date of filing.)			
	et the applicable statutory filing requirements, this date will not be listed a		
the document's effective date on the Department of	State's records.		
ARTICLE VI: Other provisions, if any.			
The transfer of the provisions, it any.			
	· · · · · · · · · · · · · · · · · · ·		
REOUIRED SIGNATURE:			
/ 9-			
Signature of a mem	ber 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 in	formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.		
•			
	Typed or printed name of signee		
	Typed or printed name of signee		

as

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)