L24000415086

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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January 24, 2024

JASON CAGWIN 201 EAST KENNEDY BLVD, SUITE 1230 TAMPA, FL 33602

SUBJECT: RENAISSANCE CAPITAL MANGEMENT LLC

Ref. Number: W24000011128

We have received your document for RENAISSANCE CAPITAL MANGEMENT LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name listed in both the Certificate of Conversion and Articles of Organization is not distinguishable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

L08000080981

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 424A00001501

Genesis R Kersey Regulatory Specialist II

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Division of the property of th

COVER LETTER

Division of	Section Corporations				
SUBJECT: Renai	ssance Capital Managen	nent 🗑	20 Party	ره در	LLC
			ng Florida Lim		
The enclosed Artic Business Entity" in	les of Conversion, Arti to a "Florida Limited I	cles .iabi	of Organiza lity Compan	tion, a y" in a	nd fees are submitted to convert an "Other accordance with s. 605,1045, F.S.
Please return all co	rrespondence concerni	ng th	is matter to:		
Jason Cagwin					
	(Contact Person)			-	
Renaissance Capital	Management Por	-1	~ 1LC		
	(Firm/Company)	<u>, , , , , , , , , , , , , , , , , , , </u>	215		
201 East Kennedy B	lvd, Suite 1230				
	(Address)			-	
Tampa, FL 33602					
	(City, State and Zip Code)		-	-	
jlcagwin@syr.edu					
E-mail Address: (to	be used for future annual re	port r	notifications)		
	ion concerning this ma				
Jason Cagwin			, 646	. 845-9	9916
(Name of Con	act Person)	au	(Area Code)	(Day	19916 time Telephone Number)
Enclosed is a check dollars and drawn or	for the following amound a bank located in the	int: 7.	All checks n	rocess	ed by this office must be payable in US
☐ \$150.00 Filing Fees \$25 for Conversion & \$125 for Articles of Organization)	■\$155.00 Filing Fees and Certificate of Status	□s and	5180.00 Filing Certified Cop	Fees y	O\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee.	ection Forporations 27			New F Division The Co	Address: illing Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion For "Other Business Entity" Into

"Other Business Entity" into a Florida Limited Liability Company in accordance with \$.605.1045, Florida

Florida Limited Liability Company The Articles of Conversion and attached Articles of Organization are submitted to convert the following

(Enter Name of Oth	ner Business Entity)
	limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under th	New York (Enter state, or if a non-U.S. entity, the name of the country)
on O4/07/2014 (date of organization, formation or incorporation)	(Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Co Renaissance Capital Management Partner	ompany as set forth in the attached Articles of Organization:
	to A Lightition Co.
4. If not effective on the date of filing, enter the	ced Liability Company)

- 5. The plan of conversion has been approved in accordance with all applicable statutes.
- 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

	day of October	
Signature of Author	ized Representative of 1/2	mited Lightity Company:
Signature of Authoriz	red Representative:	
Printed Name: Jason C	agwin	Title Authorized Member
Signature(s) on behal	for Other Business Entity	[See below for required signature(s)]
•		
Printed Name: -\0.6		
	BY rading	Title: Authorized Member
Signature:		Title:
Printed Name:		Title:
0:		
Signature:		Title:
rrinted Name:		Title:
Signature		
Printed Name:	_ _	
		Title:
Signature:		
Printed Name:		Title:
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Signature:		
rinted (Name)		Title:
f Florida Corporation		
signature of Chairman	Vice Chairman Discusses	CONT
f Directors or Officers I	have not been selected, an h	Corporation over all a
<u>f Florida General P</u> ar	tnership or Limited Liabil	ity Partnershin:
1		
ignature of one Genera	l Partner.	
ignature or one Genera	rarmer.	
f Florida Limited Part	rarmer. Dership or Limited Linkit	
f Florida Limited Part	rarmer. Dership or Limited Linkit	
f Florida Limited Partignatures of ALL General	r rartner. I <mark>nership or Limited Liabil</mark> ral Partners.	
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f Florida Limited Participatures of ALL General Others: ignature of an authorized ees: Articles of Converse for Florida	r rartner. Inership or Limited Liabil ral Partners. rd person.	S25.00 \$125.00
f Florida Limited Partignatures of ALL General Mothers: ignature of an authorized ees: Articles of Conv	rearmer. Increship or Limited Liabil real Partners. ed person. ersion: Articles of Organization:	ity Limited Partnership: \$25.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	;
Renaissance Capital Management Por two	ty Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address:	,
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
201 East Kennedy Blvc	Same
Suite 1230	
Tampa. FL 33602	
ARTICLE III - Registered Agent, Registered the Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration Jason Cagwin	ered Agent. You must designate an individual or another
Name	
201 East Kennedy Blvd., STE	
Florida street address (P.Ö.	Box NOT acceptable)
Tampa	FI. ³³⁶⁰²
City	Zip
registered agent and agree to act in this capacit statutes relating to the proper and complete p accept the obligations of my position as registered Agent's Signa	
(CONTINU	JED)

\mathbf{A}	Ri	l. I	C	١.	E	ľ	V-

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jason Coguna
	Jason Cagwin
	201 East Kennedy Blvd., STE 1230 Tampa, FL 33602
	Tampa, PL 33002
AMBR	Thomas Piccirillo II
 	201 East Kennedy Blvd., STE 1230
	Tampa, FL 33602
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(Use attachment if necessary) CLE V: Other provisions, if any.	
(Use attachment if necessary) ICLE V: Other provisions, if any.	
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REQUIRED SIGNATURE Signature of a member or an This document is executed in a document any false information submitted in a document	authorized representative of a member h section 605,0203 (1) (b). Florida Statutes. I am aware that it to the Department of State constitutes a third degree felons
REQUIRED SIGNATURE Signature of a member of an This document is executed in accordance wit any false information submitted in a document as provided for in s.817.135, F.S.	authorized representative of a member h section 605,0203 (1) (b). Florida Statutes. I am aware that it to the Department of State constitutes a third degree felony
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Signature of a member of an This document is executed in accordance wit any false information submitted in a document as provided for in s.817.155, F.S. ASON CAGNIN	to the Department of State constitutes a third degree felony or printed name of signee Filing Form