

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000049054 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

: TRIAD PROFESSIONAL SERVICES, LLC Account Name Account Number : I20020000094

Phone

; (770)777-2091

Fax Number

: (770)220-1943

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Renaissance Man Food Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T. CLINE

MAR - 4 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

03/03/2009

(((H09000049054 3)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Renaissance Man Food Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") n/a (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC,") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4. 04/25/2002 Perpetual (Date of Organization) (Duration: Your limited liability company will cease to exist or "perpetual") رمن شا Upon filing of this Application (Date tirst transacted business in Florida, if prior to registration.)
(Soo sections 608.501 & 608.502 F.S. to determine penalty Hability) 7 22 East Montgomery Crossroads Savannah, GA 31406 (Street Address of Principal Office) If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Herschel Walker, 22 East Montgomery Crossroads, Savannah, GA 31406 10. Attached is an original cortificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under each of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Manufacture and distribution of food and food related products. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the ponalties of porjury that the facts stated herein are true) Herechel Walker, Manager and CEO Typed or printed name of signee

(((H090000490543)))

(((H09000049054 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

16-20-22 (may-51-1-1		and the state of t	
ii name iinavailable, ii	ne alternate namo	to be used in the state of Florida is:	
n/a			2009 SEL
2. The name and the l	Florida street add	ress of the registered agent and office are:	HAR CRET
Natio	onal Registered	Agents, Inc.	ARY OF SSEE.
		(Name)	
2731	Executive Par	k Drive, Suite 4	8: 3 STAT STAT STAT
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	Şri æ
West	оп	FL 33331	
		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 608, Florida Statutes.

National Registered Agents! Inc.

BY: Marylerus

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

(((H09000049054 3)))

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RENAISSANCE MAN FOOD SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RENAISSANCE MAN FOOD SERVICES, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXESPHAVE

(((H09000049054 3)))

3518604 8300

-090227653

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 7162638

DATE: 03-03-09

You may verify this destificate online at corp. delaware.gov/authver.shtml