*M14000003150

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: CURRECTION TO DUC PER CONVERSATION WITH ROY C. GOME 2 5/8/2014 KS			

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SECRETARY OF STATE
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K.SALY EXAMINER MAY -8 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2014

ROY C GEOMEZ GOMEZ 7075 SE 117TH ST. BELLEVIEW, FL 34420

SUBJECT: RENOVATION, LLC Ref. Number: W14000020958

We have received your document for RENOVATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: RENOVATIONS, LLC, document number L05000059395.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 914A00007039

COVER LETTER

	Registration Section Division of Corporations
oun rec	T: Renovation, 22e
SUBJEC	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please ret	turn all correspondence concerning this matter to the following:
	Name of Person
	Name of Person
	Renovation LLC
	Firm/Company
	7075 SE 117th ST, Belleview Address Belleview, FL 34420 City/State and Zip Code
	Address
, .	Belleview FL 34420
	geniez.1045843 ginail com E-mail address: (to be used for future annual report notification)
	, ,
For furthe	er information concerning this matter, please call:
	Roy C. Geons E2 at (276) 970-3843 Name of Contact Person Area Code Daytime Telephone Number
•	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	ed is a check for the following amount: \$\B\$\$ \$125.00 \text{ Filing Fee} \$130.00 \text{ Filing Fee} \$\$\$ \$155.00 \text{ Filing Fee} \$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$\$ \$\$\$\$\$ \$\$\$\$

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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Renavation LL (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Granden of Carlo
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. Nevada 3.
2. Nevada (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4 NA
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 7075 SE 117th St.
Belleview, FL 34420 (Street Address of Principal Office)
(Street Address of Principal Office)
6
(aichoru)
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Roy C. Geome 2 (MGR)
7075 SE 117/KST
Belleview, FL34420
8. Attached is an original certificate 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 oath of the translator must be submitted)
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 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.)
ROY C. Geomez
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	,
Renovation LLC	20
If unavailable, the alternate to be used in the state of Florida is: RENOVATION OF FL, LLC.	ECELLISSE WAY-5
2. The name and the Florida street address of the registered agent and office are:	of STAT
Roy C. Geomez (Name)	1
(Name)	
7075 SE 117/ 87,	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Relleview, FL 34420 City/State/Zip	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, Flow Statutes.	as ions of all th and

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **RENOVATION**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 28, 2014, and is in good standing in this state.

TO THE STATE OF TH

Electronic Certificate
Certificate Number: C20140318-1974
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 18, 2014.

ROSS MILLER Secretary of State