

From:

03/15/2016 12:12

#347 P.001 003

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : J20000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

Foreign Limited Liability Company
Renegard, LLC

Certificate of Status	0
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Page Count	02
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TALLAHASSEE, FLORIDA

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#347 P.002/003

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Renegard, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Delaware 3. 46-5424105
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 804 Summer Park, Suite 450
Stafford, TX 77477
(Street Address of Principal Office)

6. 804 Summer Park, Suite 450
Stafford, TX 77477
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: National Corporate Research, Ltd., Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.

Ann Marie Cunniff
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

David H. Martin, Manager, 275 Brookside Rd., Darien, CT 06820

David H Cynn, Manager, 157 Columbus Ave., Suite 400, New York, NY 10023

Leslie N. Mitchell, Manager, 804 Summer Park, Suite 450, Stafford, TX 77477

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

David H. Martin 3/14/2016
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

David H. Martin, Manager
Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RENEGARD, 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 FIFTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RENEGARD, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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Jeffrey W. Bullock, Secretary of State

Authentication: 201983708

Date: 03-15-16

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