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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*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 Renew Recycling, LLC

Certificate of Status	U
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Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

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Help

## Page 3 of 5

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

IN COMPLIANCE WITH SECTION 605.0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

Renew Recycling, LLC						
(Name of Foreign L	limited Liability Company; must include "Limited	Liability Compa	iy," "LLC.," or "LLC	")		
(If name unavailable, enter alternate na	and adopted for the purpose of transacting business of Flo	nicha. The alternate	name must include "Lanute	d Liabelity Ce	нирапу. 1.	L.C." or "Li.C
Delaware  2. (Jurisdiction under the law of which foreign limited hability company is organized)		3.	85-1129447 (FEE number, (Capplicable)			
4.						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ( ne penalty liability)	·· <del>-</del>			
2400 E. Commercial Blvd., Suite \$10			400 E. Commercial Blvd., Suite 810			
(Street Address of Principal Office)		(8	failing Address)	-		
Fort Lauderdale, FL 33308		Fort Landerdale, FL 33308				
-						
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT accepta	ible)		 	; 1 a
Name:	C T Corporation System			روان (چارچارچارچارچارچارچارچارچارچارچارچارچارچ	iga sec	ger rement
Office Address:	1200 South Pine Island Road			•/	, above	
	Plantation		33324 , Florida			
	(City)		(Zip cod	c)		

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.

C T Corporation System

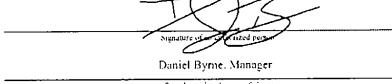
James M. Halpin Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Daniel Byrne	□Manager	Name:
□Member	Address: 2400 E. Commercial Blvd.,	∐Member	Address:
□Authorized	Suite 810	☐ Authorized	
Person	Fort Lauderdale, FL 33308	Person	
☐Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
□Other		ZOther	Other
□Manager	Name:	_ Manager	Name:
□Member	Address:	_ Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	□Other	Other	□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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)
- 10. 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.





Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RENEW RECYCLING, 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 JULY, A.D. 2020.

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

at corp.delaware.gov/aut

Authentication: 203286263

Date: 07-15-20