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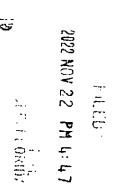
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T. LEMIEUX

### **COVER LETTER**

TO:

:D 16:	Renaissance Residential Lending, LLC	
<b>BJE</b>		me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flo
ease r	eturn all correspondence concerning this matter	to the following:
	Cynthia Davies	
		Name of Person
	Cindy's Florida LLC	
		Firm/Company
	8051 N. Tamiami Trail STE E6	
		Address
	Sarasota, Florida, 34243	
		City/State and Zip Code
	apreston@wyomingllcattorney.com	
	E-mail address: (to	be used for future annual report notification)
r furt	her information concerning this matter, please of	call:
	Ashley Preston	307 751-7195
	Name of Contact Person	at ()
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount:	

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

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

name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited Liabilit	y Company," "L.I.C," or "L
Wyoming		3.	
(Jurisdiction under the law of	which foreign limited liability company is organized)	3	applicable)
01/05/2022			
	(Date first transacted business in Florida, if prior to (See sections 605-0901 & 605-0905, 1-5- to determ	registration )	_
1309 Coffeen Avenue		1309 Coffeen Avenue STE 1200	)
		6(Mailing Address)	
ret Address of Principal Office) Sheridan, Wyoming, 82801		(Mailing Address) Sheridan, Wyoming, 82801	
mendan, wyoming, o	20071	Sucridan, wyoning, 52501	
			221
Name and street addre	ss of Florida registered agent: (P.O. Box	( NOT accentable)	~ ~ ~
			. 2
	Cindy's Florida LLC		
			· =
Name:			or T
Name:	8051 N. Tamana Trail Suite E6		2022 HOY 22 PH 4: 47
Name: Office Address:	8051 N. Tamiana Trail Suite E6		on the
		34243	Delitics.
			a 47 Design

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: Name: Property Litigation Group, LLC (7 □Manager □ Manager Name: Address: \_\_\_\_ 1309 Coffeen Avenue STE 1200 Address: ■ Member □Member Sheridan, Wyoming, 82801 □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other \_\_\_\_\_ ☐Other\_\_\_\_\_ □Other\_\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ Address: □Member Address: \_\_\_\_\_\_ □ Member □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other □Other\_\_\_\_\_ □ 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. Nonindexed 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. Cynthia Davies

Typed or printed name of signee

Cynthia Davies

# STATE OF WYOMING Office of the Secretary of State

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

## Renaissance Residential Lending, LLC

is a

# **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 2**, **2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001086950**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of October, 2022 at 4:35 PM. This certificate is assigned ID Number 055693226.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.