

P18000059234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

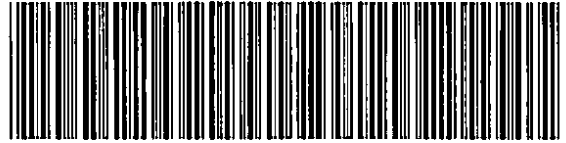
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500315147845

07/05/18--01024--015 \*\*122.50

FILED

18 JUL -5 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 09 2018  
T SCHROEDER

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Renaissance Captive Solutions, Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

STUART SLONIN  
Contact Person

S.I.G. CONSULTING RESOURCES, INC.  
Firm/Company

6400 W. BOYNTON BEACH BLVD. - STE 743013  
Address

BOYNTON BEACH, FL. 33437  
City, State and Zip Code

SIGCONSULTINGLTD@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART SLONIN at (561) 203-1313  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Renaissance Captive Solutions, LLC  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company 43-148407  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on October 22, 2013  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

Florida - Document # L13000148407

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Renaissance Captive Solutions, Inc.  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: July 1, 2018  
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**FILED**  
18 JUL -5 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 29th day of June, 2018

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or ~~if~~ Directors or Officers have not been selected, an

Incorporator: STUART A. SLONIN - Stuart A. Slonin  
Printed Name: STUART A. SLONIN Title: Chairman/President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Stuart A. Slonin  
Printed Name: STUART A. SLONIN Title: President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED  
18 JUL -5 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Renaissance Captive Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
6400 W. Boynton Beach Blvd.  
STE 743013  
Boynton Beach, FL 33437

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To Provide Employee Benefit Plans for Employer  
Groups of 50+.

**ARTICLE IV SHARES**

The number of shares of stock is: ONE Hundred Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: STUART A. SLONIN, Pres. Name and Title: \_\_\_\_\_

Address: 6400 W. Boynton Beach Blvd. Address: \_\_\_\_\_  
STE 743013, Boynton Beach, FL 33437

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
18 JUL -5 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Stuart A. Slonin

Address: 6400 W. Boynton Beach Blvd. - STE 743013  
Boynton Beach, FL 33437

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stuart A. Slonin

Address: 6400 W. Boynton Beach Blvd. - STE 743013  
Boynton Beach, FL 33437

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Stuart A. Slonin  
Required Signature/Registered Agent

6/29/18  
Date

I submit this document and affirm that the facts stated herein are true. 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.

Stuart A. Slonin  
Required Signature/Incorporator

6/29/18  
Date

FILED  
18 JUL -5 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA