Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC

Account Number : I20230000092 Phone : (786)356-1156 Fax Number : (305)564-6768

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Email Address: info@primefiling.com

FLORIDA LIMITED LIABILITY CO. RENOVA INVESTMENT USA LLC

Certificate of Status	1
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Page Count	03
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January 15, 2025

FLORIDA DEPARTMENT OF STATE

PRIME CORPORATE FILING SERVICES LLC Division of Corporations

SUBJECT: RENOVA INVESTMENTS LLC

REF: W25000006858

We have received your document for RENOVA INVESTMENTS LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson Regulatory Specialist II FAX Aud. #: H25000016214 Letter Number: 525A00001057

ANTICLESOF	PROMINATION FO	M PLUKIDA LIN	THE DUABILITY COMPANY	ſ
ARTICLE I - Name: The name of the Limited Liability	Company is:			
RENOVA INVES			MILCH WILLIAM	
(MIUSE CONTRE	n me words Limite	еа сварнку соп	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	iress of the princips	il office of the L	imited Liability Company is:	
Principal	Office Address:		Mailing Ad	dress:
11236 NW 79th I		····	11236 NW 79th Ln	· <u>·······</u>
Doral, FL 33178			Doral, FL 33178	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an action of the Florida street and the Florid	annot serve as its or tive Florida registra	wn Registered A tion.)	Agent's Signature: gent. You must designate an	individual or
	DOWNTOWN	•	TING MIAMI	
		Name		
	14 NE 1st Av	e, Suite 706		
	Florida street addr	ess (P.O. Box N	OT acceptable)	
	Miami	FL	33132	
	City	State	Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

> Cesar Vidal Registered Agent's Signature (REQUIRED)

> > (CONTINUED)



Title: "AMBR" = Authorized Memb "MGR" = Manager	Name and Address; er
AMBR	Luana Elizabeth Lorenzo 11236 NW 79th I n Doral, FL 33178
MGR	Jose Luis Lorenzo de La Torre 11236 NW 79th Ln Doral, FL 33178
MGR	Maria Fabiola Lorenzo Abate 11236 NW 79th Ln Doral, FL 33178
MGR	Anna Abate de Lorenzo 11236 NW 79th Ln Doral EL 33178
(Use attachment if necessary)	
ICLE V: Effective date, if other that is effective date is listed, the date in ate of filing.) If the date inserted in this block ocument's effective date on the Delic VI: Other provisions, if any.	on the date of filing:
ICLE V: Effective date, if other that effective date is listed, the date is ate of filing.) If the date inserted in this block occument's effective date on the Deficiency of the Deficiency of the Deficiency of the ENTERPOSE OF	an the date of filing:
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ICLE V: Effective date, if other that is effective date is listed, the date in ate of filling.) If the date inserted in this block ocument's effective date on the Double VI: Other provisions, if any. PURPOSE OF THE ENT REQUIRED SIGNATURE: Signature This document I am aware that	an the date of filing: