



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/12/2021	202122402688	LIMITED LIABILITY PARTNERSHIP REGISTRATION (PLL)	99.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

RENISE MARKET LAKAY LLC
5815 ROCHE DR E
COLUMBUS, OH 43229

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4728670

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
RENISE MARKET LAKAY LLP

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY PARTNERSHIP REGISTRATION
Effective Date: 09/01/2021

Document No(s):

202122402688



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
12th day of August, A.D. 2021.

Ohio Secretary of State

Form 536 Prescribed by:



Date Electronically Filed: 8/12/2021

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Statement of Domestic Qualification (Limited Liability Partnership)

Filing Fee: \$99

(105-PLL)

Form Must Be Typed

Complete this section only if an existing partnership or limited partnership, previously registered in our office is filing this form to become a limited liability partnership.

If a pre-existing limited partnership registered with the secretary of state elects to become a limited liability partnership, provide the registration number of the pre-existing limited partnership.

Registration Number

If a partnership that has previously filed a statement under Chapter 1776 of the Ohio Revised Code elects to become a limited liability partnership, provide the registration number.

Registration Number

All registrants must complete the remainder of the form to create a new LLP, or if you have provided a registration number above and you wish to have your pre-existing partnership or limited partnership become a LLP.

Name of Partnership

Name must include one of the following phrases or abbreviations: "registered limited liability partnership," "registered partnership having limited liability," "limited liability partnership," "R.L.L.P.," "P.L.L.," "L.L.P.," "RLLP," "PLL," or "LLP."

Effective Date
(Optional)

Date

(The status of the partnership or limited partnership as a limited liability partnership begins upon the filing of the statement or on a later date specified.)

Address of the partnership's chief executive office

Mailing Address

City

State

ZIP Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if one exists

Mailing Address

City

State

ZIP Code

If the partnership **does not** have an office in Ohio, provide the name and address of the partnership's agent for service of process

Name of Agent

Mailing Address

City

State

ZIP Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

RENISE MARKET LAKAY LLC

Signature

PHILIUS PHELIUS SULLY

By (if applicable)

Print Name

RENISE MARKET LAKAY LLC

Signature

RENISE SULLY MICHEL

By (if applicable)

Print Name