

L04000057621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

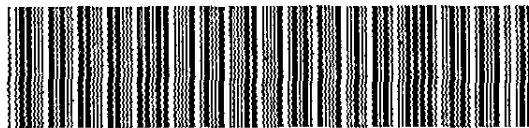
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

| | |
|-----------------|-----------------|
| Name | |
| Availability | |
| Document | - |
| Examiner | DCC |
| Updater | Office Use Only |
| Updater | |
| Verifier | .0 |
| Acknowledgement | DCC |
| W. P. Verifier | DCC |



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RECEIVED
SECURITY DIVISION
AUG 10 2 13 PM '04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ReSunsu L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J S Murcia
(Name of Person)

(Firm/Company)

11421 SW 25 Court
(Address)

Davie, Florida 33325
(City/State and Zip Code)

For further information concerning this matter, please call:

Salvador Murcia at (954) 478 - 5954
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014-10-2 P 12:13

FILED

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ReSunsa L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

11421 SW 25 Court

11421 SW 25 Court

Davie, Florida 33325

Davie, Florida 33325

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Julio Salvador Murcia

Name

11421 SW 25 Court

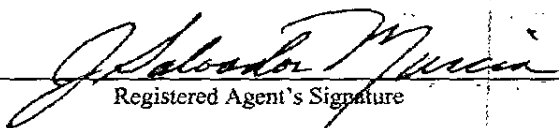
Florida street address (P.O. Box NOT acceptable)

Davie, FLORIDA 33325

City, State, and Zip

FILED
2011 AUG -2 P 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

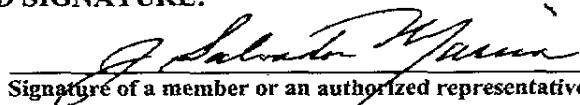
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | <u>Name and Address:</u> |
|--------------------------|---|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MGRM | J. Salvador Murcia 11421 SW 25 Court Davie, Florida 33325 |
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| | |

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

J. Salvador Murcia
Typed or printed name of signee

- Filing Fees:**
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

2011-05-2 P 12:13
SECRETARY DEPT. STATE
TALLAHASSEE, FLORIDA

FILED