

W4000091684

③

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

12/17

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000248802 3)))

MJH

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

*refaxing*

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
04 DEC 17 PM 3:24  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

*resorts*

~~resorts~~ financial, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
04 DEC 17 PM 5:04  
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

③

H04000248802

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESORTS FINANCIAL, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9100 NORTH KENDALL DR.  
MIAMI, FLORIDA  
33176

9100 NORTH KENDALL DR.  
MIAMI, FLORIDA  
33176

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

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

RICHARD F. O'BRIEN, III  
Name  
DADELAND CENTRE, SUITE 1012  
9155 SOUTH DADELAND BOULEVARD  
Florida street address (P.O. Box NOT acceptable)  
MIAMI, FL 33156 - 2738  
City, State, and 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 608, F.S.

Richard F. O'Brien, III  
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED  
04 DEC 17 PM 5:04  
TALLAHASSEE, FLORIDA

H04000248802

H04000248802

**ARTICLE IV- Manager(s) or Managing Member(s):**  
 The name and address of each Manager or Managing Member is as follows:

**Title:**  
 "MGR" = Manager  
 "MGRM" = Managing Member

**Name and Address:**

MGRM

Philip Scutieri, Jr.  
9100 NORTH KENDALL AVE.  
MIAMI, FL 33176

(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 806.48(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Philip Scutieri, Jr.  
 Typed or printed name of signor

**Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 36.00 Certified Copy (Optional)
- \$ 3.00 Certificate of Status (Optional)

H04000248802