

LO 6000 105687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 OCT 31 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 OCT 31 AM 11:54
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED
06 OCT 31 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- RESURGENS ADVISORY GROUP, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

| | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

AMENDMENTS

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

OTHER FILINGS

| | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

REGISTRATION/QUALIFICATION

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

ARTICLES OF ORGANIZATION OF RESURGENS ADVISORY GROUP, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **RESURGENS ADVISORY GROUP LLC** ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be 525 NE 3rd Avenue, Suite #102, Delray Beach, Florida 33444.

ARTICLE III - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall terminate not later than June 21, 2040, unless the Company is earlier dissolved as provided in these Articles of Organization.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is **Carl A. Cascio, 525 NE 3rd Avenue, Suite #102, Delray Beach, Florida 33444.**

ARTICLE V - CAPITAL CONTRIBUTIONS

The members of the Company shall contribute to the capital of the Company the cash or property set forth in Exhibit "A."

ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members.

ARTICLE VII - ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

FILED
JAN 21 11
AM
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII - TERMINATION OF EXISTENCE

The Company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided there are at least two remaining members.

ARTICLE IX - MANAGEMENT

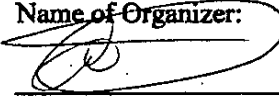
The Company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager of the Company is Thomas Price, c/o Carl A. Cascio, 525 NE 3rd Avenue, Suite #102, Delray Beach, Florida 33444. The names and address of the members of the Company are:

| <u>NAME</u> | <u>ADDRESS</u> |
|----------------|---|
| Paul Vanasek | c/o Carl A. Cascio, P.A., 525 NE 3 rd Avenue, #102, Delray Beach, Florida 33444 |
| Timothy Mattek | c/o Carl A. Cascio, P.A., 525 NE 3 rd Avenue, #102, Delray Beach, Florida 33444 |
| Carl A. Cascio | c/o Carl A. Cascio, P.A., 525 NE 3 rd Avenue, #102, Delray Beach, Florida 33444 |

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Delray Beach, Florida, on this 25th day of October, 2006.

Resurgens Advisory Group, LLC

Name of Organizer:



Carl A. Cascio

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)



Applicant: Carl A. Cascio

Sworn to and subscribed before me this 25th day of October, 2006 by Carl A. Cascio.



Teresa G. Wolosh
Notary Public -- State of Florida

Print, Type, or Stamp Commissioned
Name of Notary Public

Personally Known ☒; or

Produced Identification _____

Type of I.D. Produced: _____

EXHIBIT 'A'

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of the members of RESURGENS ADVISORY GROUP, LLC. deposes and says:

1. The above-named limited liability company has at least two members.
2. The total amount of cash contributed by the member is \$ 100.00.
3. If any, the agreed value of property, other than cash contributed by members, is \$1,000.00. A description of the property is attached and made a part hereto.
4. The total amount of cash or property anticipated to be contributed by members is \$,000.00. This total includes amounts from 2 and 3 above.

THE AFFIANT SAYS NOTHING FURTHER

Dated: 10/16/06, 2006.

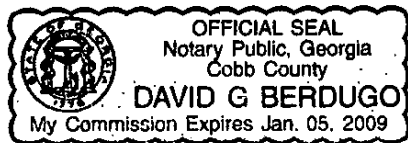
RESURGENS ADVISORY GROUP, LLC

By: Thomas Price
Thomas Price, Managing Member

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

Thomas Price
Applicant: Thomas Price, Managing Member

Sworn to and subscribed before me this 16 day of October, 2006 by
Thomas Price (name of member).



Notary Public -- State of ~~Florida~~ GEORGIA

Print, Type, or Stamp Commissioned
Name of Notary Public

Personally Known _____; or

Produced Identification DL

Type of I.D. Produced:

057318035 GA

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of **RESURGENS ADVISORY GROUP, LLC**, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the position of registered agent.

RESURGENS ADVISORY GROUP, LLC

By: 

Carl A. Cascio, Registered Agent