- Division of Corporations

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To: Division of Corporations Fax Number : (850)617-6383 From:	
Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926	i iling Navna

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Resolute Treasury Consortium., LLC

Certificate of Status 1 Certified Copy 1 084 Page Count EFFECTIVE DATE Estimated Charge \$160.00



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FLORIDA DEPARTMENT OF STATE Division of Corporations

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SUBJECT: RESOLUTE TREASURY CORPORATION, LLC REF: W08000048421

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H08000240082 Letter Number: 908A00054602

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:

Resolute Treasury Consortium. LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

#### Principal Office Address:

### Malling Address:

2304 East Fletcher Avenue, Tamps, Florida 33812

2304 East Flatoner Avanue Tampa Florida 39612

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve us its own Registered Agent. You must designate an ladividual or snother business entity with an estive l'iorida registration.)

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

**CT** Corporation Name

1200 S. Pine Island Road

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

Plantation, Florida 33324 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.

Registered Agent's Signature (REQUIRED

# Madonna Cuddihy Special Assistant Secretary

**EFFECTIVE DATE** 

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Samuel W. Ballinger	
	2304 East Fletcher Avenue	
	Tempa, Florida 33612	
MORM	John Stanton	
	2304 East Fletcher Avenue	
	Temps, Florida 33612	
MGRM	Domemic L. Massari	
	2304 East Fletcher Avenue	
	Tampa, Florida 33812	
	<b></b>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>10/20/2008</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:	
Signature of a fismber or as authorized representative of	
Signifiere of a manufactor of an authorized representative of	

(In accordance with section 609/468(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalues of perjury that the facts stated heraigner true.) 80

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Samuel W. Ballinger

Typed or printed name of signce

Filing Pees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Curtificate of Status (Optional)

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