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EXAMINER

COVER LETTER

TO Registration Division of C			
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SUBJECT: RESW	FLORIDA LLC		
SUBJECT,		ed Liability Company	
The enclosed Articles of	of Organization and fec(s) are	submitted for filing.	,
Please return all corres	pondence concerning this mat	ter to the following:	
Jean-Philippe	e Gosselin		
		Name of Person	
RESW FLOR	RIDA LLC		
		Firm/Company	
716 Tarpon			
		Address	
Fort Myers, I	FLORIDA 33916		
	Cit	y/State and Zip Code	
magcorpbx@			
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Jean-Philippe Gos	selin	at (239) 292-8833	
Name	of Person	Area Code & Daytime Telepl	none Number
Enclosed is a check f	or the following amount:		
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
RESW FLORIDA 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 prin	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
716 Tarpon	716 Tarpon		
FORT MYERS, FL 33916	FORT MYERS, FL 33916		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the reg	gistered agent are: SECRETARY SECRETA		
Jean-Philippe Gosselin			
Name	ASS 28		
716 Tarpon	ess (P.O. Box NOT acceptable)		
Florida street addre	ess (P.O. Box NOT acceptable)		
FORT MYERS	FL 33916		
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)

(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 Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member ilippe Gosselin MGRM 716 TARPON FORT MYERS FL 33916 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 0726/2010 (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 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.) JEAN-PHILIPPE GOSSELIN Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)