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11 NOV 22 PM 3- 37
SECRETARY OF STATE FALLAHASSEE, FLORID

D. BRUCE
NOV 2 3 2011

EXAMINER

COVER LETTER

Registration Section

' TO:

Division of Corporations	
SUBJECT: Resort Capital, LLC	
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:	
Bert Blicher	
Name of Person	
P2 (O	
Firm/Company	
950 Peninsula Corp. Cir., Suite 3016	
Boca Raton, FL 33487	~1
Boca Raton, FL 33487 City/State and Zip Code Blicherb@aol.com	
E-mail address: (to be used for future annual report notification)	Π
For further information concerning this matter, please call:	C
For further information concerning this matter, please call: Bert Blicher at (561) 999-9947	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certificate of Status S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Resort Capital, LLC	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:	e principal office of the Limited Liability Con	npany is:	
Principal Office Address:	Mailing Address:		
950 Peninsula Corp. Cir., Suite 3016 Boca Raton, FL 33487	950 Peninsula Corp. Cir., Suite 3016 Boca Raton, FL 33487		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature egistered Agent. You must designate an individual or another	======================================	~~
The name and the Florida street address of the	ne registered agent are:	NOV 22	-
Bert Blicher	TARY		
Nar	me <u></u>		T
16082 Villa Vizo	caya Place address (P.O. Box NOT acceptable)	<u> </u>	
	address (P.O. Box NOT acceptable)	63 1	
Florida street			
Florida street Delray Beach	_{FL} 33446		

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 I - Name:

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

	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
Wanaging Wember		
MGR	Bert Blicher	
	950 Peninsula Corp. Cir., Suite 3016	
	Boca Raton, FL 33487	
	-	
(Use attachment if necessary)		
CLE V: Effective date, if other than	n the date of filing: 11/21/11 . (OPTION ust be specific and cannot be more than five business da	,
CLE V: Effective date, if other than effective date is listed, the date mu	· · · · · · · · · · · · · · · · · · ·	ays p
CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.) REQUIRED SIGNATURE:	Sat be specific and cannot be more than five business da	ays p 11 NOV 22
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CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a management of the constitutes an affirmation I am aware that any false is constitutes a third degree.	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are information submitted in a document to the Department of Education of the State of the Information submitted in a submitted in	ays p 11 NOV 22
CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mu (In accordance with section constitutes an affirmation I am aware that any false in the constitutes are affirmation.)	ember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are information submitted in a document to the Department of Education of the State of the Information submitted in a submitted in	ys p 11 NOV 22 PH 3: 3

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)