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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
RESO LLC

Certificate of Steps	0
Certified Copy	1
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Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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EXAMINER

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**ARTICLES OF ORGANIZATION**  
**FOR FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RESO LLC

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**ARTICLE II - Address:**

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

**Principal Office Address:**

7210 NW 35 AVENUE  
MIAMI, FLORIDA 33167

**Mailing Address:**

1400 NW 127 STREET  
MIAMI, FLORIDA 33167

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**ARTICLE III- Registered Agent, Registered Office & Registered Agent's Signature:**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Marie Servelia VITAL  
1400 NW 127 STREET  
MIAMI, FLORIDA 33167

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 a registered agent as provided for in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Registered Agent's Signature ( required)

Marie Servelia VITAL

\_\_\_\_\_  
Print name of Registered Agent

Miami, Florida March 29<sup>th</sup>, 2012

\_\_\_\_\_  
Date and place where document was signed

**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:**

1- MGR

Joseph REMY  
1400 NW 127 STREET  
MIAMI, FLORIDA 33147

2- MGR

Mario Servelia VITAL  
1400 NW 127 STREET  
MIAMI, FLORIDA 33147

3-

4-

5-

(See attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.)

Marie Servelia VITAL

\_\_\_\_\_  
Typed or printed name of the signer

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