

L15000060956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

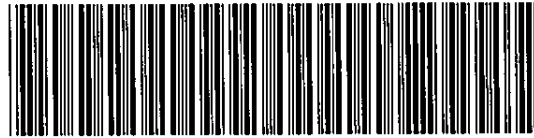
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
15 APR - 7 PM 4:02  
FOR FILING  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 APR - 7 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 8 2015  
T. HAMPTON

April 7, 2015

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 9505881 SO  
Customer Reference 1: 888906-0001  
Customer Reference 2: -

Dear Secretary of State, Florida :

Please obtain the following:

RES Corporate Holdings, LLC (FL)  
Formation  
Florida

RES Corporate Holdings, LLC (FL)  
Obtain Document - Misc - Certified copy of filing  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
[Connie.Bryan@wolterskluwer.com](mailto:Connie.Bryan@wolterskluwer.com)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RES Corporate Holdings, 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:

Jaime T. Willis, Esq.  
Name of Person

Perkins Coie LLP  
Firm/Company

131 S. Dearborn St., Suite 1700  
Address

Chicago, IL 60603-5559  
City/State and Zip Code

JWillis@perkinscoie.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie E. Jeacock at ( 312 ) 324-8565  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RES Corporate Holdings, 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:

Mailing Address:

1370 Creekside Boulevard  
Naples, FL 34108-1945

1370 Creekside Boulevard  
Naples, FL 34108-1945

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:

KrisDan Management, Inc.

Name

1370 Creekside Boulevard

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

Naples

FL

34108-1945

City

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 603, F.S.*

KrisDan Management, Inc.

By: [Signature]

Authorized Representative

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 APR -7 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" - Authorized Member

"MGR" = Manager

MGR

Name and Address:

KrisDan Management, Inc.

1370 Creekside Boulevard

Naples, FL 34108-1945

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jaime T. Willis

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Jaime T. Willis, Authorized Representative

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA