

L150000 60974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

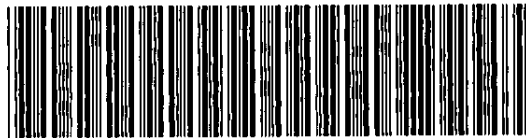
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600269832256

04/08/15--01001--011 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR -7 PM 4:02
NOT RECEIVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 APR -7 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 08 2015
J. HARRIS

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 Master Holdings, LLC (FL)
Formation
Florida

RES Master 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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RES Master 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. Hancock

Name of Person

at (312)

Area Code

324-8565

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RES Master 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 605, F.S..

KrisDan Management, Inc.

By: [Signature]

Authorized Representative

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2015 APR -7 AM 9:49
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)

Page 2 of 2

FILED
2015 APR -7 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA