19-Feb-2019 14:00

2/18/2019



Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000055652 3)))



H190000558523ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 : (941)625-1526 Fax Number

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

Email Address: CREST@Taxsaversfl.net

FLORIDA LIMITED LIABILITY CO.

Resurrection Retail LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

4

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Resurrection Retail LLC (Must contain 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:
2032 El Jobean Rd Port Charlotte El 33948	15442 Aqua Circle
Port Charlotte, FL 33948	Port Charlotte, FL 33981

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:

Julie Kuntz Name 15442 Aqua Circle Florida street address (P.O. Box NOT acceptable) 33981 Port Charlotte State Zip City

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.,

(Regulered Agent's Signature (REQUIRED)

(CONTINUED)

Citle:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
MGR	Matthew Kuntz
	15442 Aqua Circle
	Port Charlotte, FL 33981
A ACD	India Manta
MGR	Julie Kuntz 15442 Aqua Circle
	Port Charlotte, FL 33981
	7 on Chanouc, 1 C 3.550
V: Effective date, if other than the	date of filing:
etive date is listed, the date must be filing.) the date inserted in this block does need a effective date on the Departm EVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 out meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the active date is listed, the date must be filling.) the date inserted in this block does nuent's effective date on the Department's effective date on the Department's contract of the provisions, if any.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
V: Effective date, if other than the effice date is listed, the date must be filing.) he date inserted in this block does need a effective date on the Department's effective date on the Department's little date in the Department's effective date on the Department's effective date.	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
V: Effective date, if other than the effice date is listed, the date must be filing.) the date inserted in this block does near's effective date on the Department's Other provisions, if any, all lawful business. REQUIRED SIGNATURE:	e specific and cannot be more than five bosiness days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
EV: Effective date, if other than the effice date is listed, the date must be filing.) the date inserted in this block does nearl's effective date on the Department's effective date on the Department's lall lawful business. REQUIRED SIGNATURE:	e specific and cannot be more than five bosiness days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
V: Effective date, if other than the cive date is listed, the date must be filing.) be date inserted in this block does near's effective date on the Departm VI: Other provisions, if any, all lawful business. EFOURED SIGNATURE: Signature of a This document is ex	e specific and cannot be more than five bosiness days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records. The member of an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
V: Effective date, if other than the cive date is listed, the date must be filing.) he date inserted in this block does rent's effective date on the Departm VI: Other provisions, if any, all lawful business. EQUITED SIGNATURE: Signature of a This document is existed any aware that any	e specific and cannot be more than five bosiness days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
V: Effective date, if other than the cive date is listed, the date must be filing.) he date inserted in this block does rent's effective date on the Departm VI: Other provisions, if any, all lawful business. EQUITED SIGNATURE: Signature of a This document is existed any aware that any	a member or an authorized representative of a member, escuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the effice date is listed, the date must be filing.) the date inserted in this block does nearl's effective date on the Department's effective date on the Department's CVI: Other provisions, if any, all lawful business. REQUIRED SIGNATURE: Signature of a This document is explained and aware that any	and the applicable statutory filing requirements, this date will not ent of State's records. In the applicable statutory filing requirements, this date will not ent of State's records. In the applicable statutory filing requirements, this date will not ent of State's records. In the applicable statutory filing requirements, this date will not ent of State of
V: Effective date, if other than the extre date is listed, the date must be filing.) he date inserted in this block does nearl's effective date on the Departm VI: Other provisions, if any, all lawful business. ECHIRED SIGNATURE: Signature of a This document is existed any aware that any	a member or an authorized representative of a member, escuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
V: Effective date, if other than the cive date is listed, the date must be filing.) he date inserted in this block does rent's effective date on the Departm VI: Other provisions, if any, all lawful business. EQUITED SIGNATURE: Signature of a This document is existed any aware that any	and the applicable statutory filing requirements, this date will not ent of State's records. In the applicable statutory filing requirements, this date will not ent of State's records. In the applicable statutory filing requirements, this date will not ent of State's records. In the applicable statutory filing requirements, this date will not ent of State of
V: Effective date, if other than the extre date is listed, the date must be filing.) the date inserted in this block does near's effective date on the Department's VI: Other provisions, if any, all lawful business. ECHIRED SIGNATURE: Signature of a This document is exil am aware that any constitutes a third do	and the applicable statutory filing requirements, this date will not ent of State's records. In the applicable statutory filing requirements, this date will not ent of State's records. In the applicable statutory filing requirements, this date will not ent of State's records. In the applicable statutory filing requirements, this date will not ent of State of