

2/18/2019

C19000043289

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : 120150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

****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@Taxesaversfl.net

**FLORIDA LIMITED LIABILITY CO.
Resurrection Retail LLC**

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES 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:

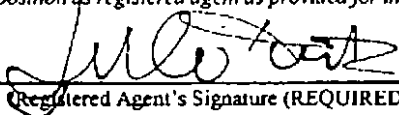
<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2032 El Jobean Rd</u>	<u>15442 Aqua Circle</u>
<u>Port Charlotte, FL 33948</u>	<u>Port Charlotte, FL 33981</u>

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:

<u>Julie Kuntz</u>		
Name		
<u>15442 Aqua Circle</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Port Charlotte</u>	<u>FL</u>	<u>33981</u>
City	State	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.


(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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

Port Charlotte, FL 33981

Any and all lawful business.

S 5.00 Certificate of Status (Optional)