

# L21000456298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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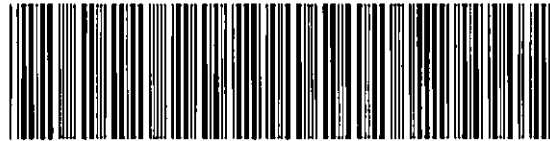
(Business Entity Name)

(Document Number)

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**DATE:** 10/20/21

**NAME:** RESOURCEPAC, LLC

**TYPE OF FILING:** ARTICLES

**COST:** 155.00

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: ResourcePac, LLC

**ARTICLE II – Address:**

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

a: Mailing Address: 2251 Picadilly Drive, Suite B-240, Round Rock, Texas 78664

b: Street Address: 2251 Picadilly Drive, Suite B-240, Round Rock, Texas 78664

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

Victor J. Troiano

Name

317 S. Tennessee Avenue

Florida street address (Post Office Box **NOT** acceptable)

Lakeland, Florida 33801

City, State and 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

**ARTICLE IV – Management (Check applicable box)**

  X   The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

       The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

2021 OCT 20 4M 53  
STATE OF FLORIDA  
COUNTY OF HILLSBORO

**ARTICLE V –**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

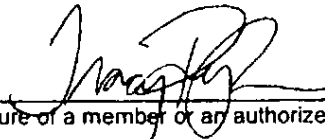
MGR

Tracy Peyton  
2251 Picadilly Drive, Suite B-240  
Round Rock Texas 78664

**ARTICLE VI:** 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
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.)

\_\_\_\_\_  
TRACY PEYTON

Typed or printed name of signee