

1/3/23, 4:57 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L23000002464**

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.

(((H23000002425 3)))



H230000024253ABCS

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 : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031

Phone : (800)906-9220

Fax Number : (800)906-9880

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

Email Address: _____

23 JAN -4 PM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA LIMITED LIABILITY CO.

RESL PROPERTIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023 JAN -4 PM 8:02

(((H23000002425 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESL PROPERTIES 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:155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301

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:

REGISTERED AGENT SOLUTIONS, INC.

Name

155 OFFICE PLAZA DR., SUITE AFlorida street address (P.O. Box **NOT** acceptable)

<u>TALLAHASSEE</u>	<u>FL</u>	<u>32301</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.

/s/ NAOMI OSTOPOWITZ - ASSISTANT SECRETARY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

23 JAN -4 PM 11:56
 SECRETARY OF STATE
 TALLAHASSEE, FL 32301

FILED

ARTICLE IV-

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:AMBR
SHACHAR BAYAZ
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**/S/ SHACHAR BAYAZ**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 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.

SHACHAR BAYAZ

Typed or printed name of signer

FILED
 23 JAN - 6 PM 11:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA