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PICK-UP	WAIT MAIL
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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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#### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: 2ES Tax and Advisory 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:
Jason Sohnen
Name of Person
RES Tax and Advisory LLC Firm/Company
4788 NW 96th Dr. Address
Coral Springs FL 33076  City/State and Zip Code  jsohnen 1 @ gmail-com  E-mail address: (to be used for future annual report notification)
isonnen 1 a gmail com
e-mail address; (to be used for future annual report normeation)
For further information concerning this matter, please call:
Jasen Sohma at (73a) 267-3227  Name of Person Area Code Daytime Telephone Number
Same of reison Area Code Dayonae Telephone Number
Enclosed is a check for the following amount:
\$125,00 Filing Fee Status S155,00 Filing Fee Status S160,00 Filing Fee. Certificate of Status Stadditional copy is enclosed)  Certificate of Status S
Mailing Address New Filing Section  Street Address New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 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 Tax and Advisory 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:  4788 NW 96th Dr.  Coral Springs, FL 33076  Coral Springs, FL 33076
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 husiness entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
H788 NW 90 <sup>th</sup> Dr.  Florida street address (P.O. Box NOT acceptable)
Coral Springs FL 33076 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 turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and 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)

**(\_1** 

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = ManagerAMBE	Jessica Sohnen 4788 Nm 96" Dr. (Gre) Springs, FL 33076
AMBR	Jason Sohnen  478× NW 96+ Dr.  -Cocal Springs, FL 33076
<del></del>	
(Use attachment if necessary)	
he date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REOURED SIGNATURE:	
This document is executed in acco	an authorized representative of a member, ordance with section 605.0203 (1) (b), Florida Statutes, ion submitted in a document to the Department of States provided for in s.817.155, F.S.
Jason So	ohnen

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

8 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)