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(Requestor's Name)			
(Address)			
(Address)			
(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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Account#: I20000000088

Date: January (05, 2022		Account#. 120000000000
Name:ERIC	HOOD		
Reference #:	1568961		
Entity Name:	RESALE	WORLD, LLC	
✓ Articles of Incorpo	oration/Authoria	zation to Transact Busine	SS
Amendment			
Change of Agent			
Reinstatement			
Conversion			
Merger Merger			
☐ Dissolution/Withd	rawal		
☐ Fictitous Name			
✓ Other		CERTIFIED COPY	
Authorized Amount:	\$155.	.00	
Signature:	Tic Hood		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPIJANCE WITH SECTION 605/0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ALMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. RESALEWORLD, LL	C				
(Name of Foreign	Limited Liability Company; must include "Limit	ed Liability	Company," "	L.L.C.," or "L.L.C.")
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in	Florida. The	alternate name n	ust include "Limited	Liability Company," "L.I. C," or "LI.C.")
Delaware		3.	N/A		
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.		(FEI nur	nber, it applicable)
Upon qualification					
٠٠	(Date firs) transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deten	o registration nine penalty	r) liability)		
5. (Street Address of Principal Office)		6.	(Mailing	Address)	
·					
8034 Sunport Center E	Orive, Ste 404-405		8034 Sunpe	ort Center Drive	e, Ste 404-405
Orlando, FL 32809			Orlando, F	L 32809	
					22
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	acceptable)		
Name:	Edmond E. DiRuzza				· · · ·
rane.	8034 Sunport Center Drive, Ste 404				3
Office Address:					NH: 03
	Orlando		F71	32809	\sim $\bar{\omega}$
	(City)		, Flo	rida(Zip code)	

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as paytered open.)

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Edmond E. DiRuzza	■Manager	Name: Johnathan Robertson
∐Member	Address:	□Member	Address:
□Authorized	8034 Sunport Center Dr. Ste 404-405	□Authorized	8034 Sunport Center Dr, Ste 404-405
Person	Orlando, FL 32809	Person	Orlando, FL 32809
□Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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 flegree felony as provided for in s.817.155, F.S.

Signature of an authorized per

Edmond E. DiRuzza

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RESALEWORLD, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESALEWORLD, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 202323502

Date: 01-05-22

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