

L05 000016541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

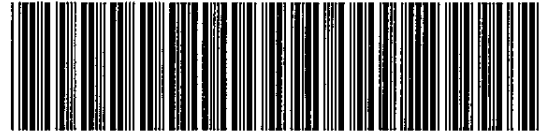
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FILE
05 FEB 17 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 2-17-05

NAME: JTL ESCRIBANO, LLC

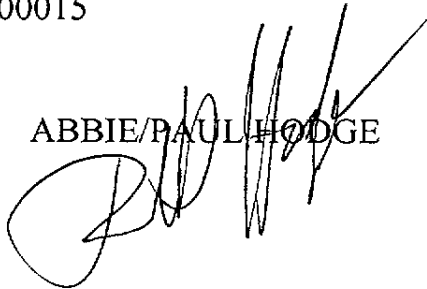
TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125 + \$30 + \$5= \$160

RETURN: CERTIFIED COPY AND GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JTL Escribano, LLC

ARTICLE II - Address:

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

Principal Office Address:

8214 Westchester, Suite 635
Dallas, Texas 75225

Mailing Address:

8214 Westchester, Suite 1120
Dallas, Texas 75225

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Capitol Corporate Services, Inc.

Name

1333 North Duval Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32303

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 608, F.S.

Delanic Case, asst. sec.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or ~~Managing Member~~ is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

David A. Lane

8214 Westchester, Suite 635

Dallas, Texas 75225

(Use attachment if necessary)


NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)