(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	<u> </u>
(City/	State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doct	ument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



800080396898

10/05/06--01007--005 \*\*155.00

OCT - 6 2006

# **COVER LETTER**

-	gistration Section				
Divi	ision of Corporations		er en	÷ .	
SUBJECT	: CALIFORNIA COWBOY				_
		(Name of	Limited Liability Company)		_
The enclo	sed Articles of Organizati	on and feel	s) are submitted for filing.		
	_		-		•
Please ret	urn all correspondence o	oncerning t	his matter to the following:		
<u>JU</u> ,	AN J. BARERRA				
<del>-</del>			(Name of Person)	<u></u>	Bis ilow ious <b>類</b> i
CA	LIFORNIA COWBOYS, LLO				
CA	LIFORINIA CONTROLIS, LEC	<u> </u>	(Firm/Company)		
			(		<b>a</b>
					OS NEED
540	NORTH GOLDEN CIRCLE	DRIVE, SU	V		<u> </u>
			(Address)		一 异三
					on 82€
SAI	NTA ANA, CALIFORNIA 92	705			PH 3:
<del></del>			City/State and Zip Code)	n .	ယ္ ဦည
	•				S Sm
For further	r information concerning t	hie matter	nlease call·		10 10
i oi idibici	anomation concerning	mo mattor,	picuso can.		
DONALD E	3. TIPPING, II	at	714-564-7630	<u> </u>	<del></del>
	(Name of Person)		(Area Code & Daytime	l elephone Number)	
Enclosed i	s a check for the followin	g amount:			•
_		-	<b></b>		- · · · · · · · · · · · · · · · · · · ·
\$125.00		Filing Fee		\$160.00 Filing	Fee,
	& Certifica	e or Status	& Certified Copy (additional copy is enclosed)	Certificate of State Certified Copy	is a
			(	(additional copy is end	losed)
	Mailing Address		Street/Courie		· · · · · · · · · · · · · · · · · · ·
	Registration Section Division of Corporation:	3	Registration S Division of Co		
	Division of Corporation	,	DIVISION OF CO	porations	

- Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

CALIFORNIA COWBOYS, LLC

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	E.	-	Na	me
-----	-----	----	---	----	----

The name of the Limited Liability Company is:

CALIFORNIA COWBOYS, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

### **ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

CALIFORNIA COWBOYS, LLC

540 NORTH GOLDEN CIRCLE DRIVE, SUITE 1

SANTA ANA, CALIFORNIA 92705

CALIFORNIA COWBOYS, LLC

540 NORTH GOLDEN CIRCLE DRIVE, SUITE '

**SANTA ANA, CALIFORNIA 92705** 

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:

**MARINA NUZUM** 

Name

1449 67TH TRAIL NORTH

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

**PALM BEACH GARDENS** 

FL 33418

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	JUAN JOSE BARERRA  540 NORTH GOLDEN CIRCLE DRIVE, SUITE 105  SANTA ANA, CALIFORNIA 92705
	MATTHEW ERIC BURDICK 540 NORTH GOLDEN CIRCLE DRIVE, SUITE 105 SANTA ANA, CALIFORNIA 92705
	JESSE FRANK MUNOZ  540 NORTH GOLDEN CIRCLE DRIVE, SUITE 105  SANTA ANA, CALIFORNIA 92705
	PH 3: 01
(Use attachment if necessary)	.2 5
ARTICLE V: Effective date, if other	ate must be specific and cannot be more than five business days

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.)

DONALD B. TIPPING, II

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)