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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	<del>&gt;</del> #)		
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(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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MAY 25 2011

**EXAMINER** 



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DEPARTMENT OF STATE
SIVISION OF CORPORATIONS
TALEANASSEE, FLORIDA

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05-25-2011

NAME:

EWING STRATEGIC INVESTMENTS, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

ABBIE/PAUL HODGE **AUTHORIZATION:** 

# **COVER LETTER**

TO: Registration Section Division of Corpor				,
SUBJECT: Ewing St	rategic Inves	tments, LL	С	-
		ited Liability Comp		
The enclosed Articles of Org	anization and fec(s) are	submitted for fili	ng.	
Please return all corresponde	nce concerning this ma	tter to the followin	g:	
Diane Lock	nart			
		Name of Person		
Ewing Strate	egic Investme	nts, LLC		
		Firm/Company		
3824 Cedar	Spring Road,	#407		
		Address		
Dallas Texas 7	75219			
	C	ity/State and Zip Cod	le	
dlockhart@gmg	Jlp.com			
3	-mail address: (to be used	for future annual rep	ort notification	)
For further information conce	erning this matter, pleas	se call:		
Lauren Osterman		at ( 214	780-142	7
Name of Per	son	Area Cod		elephone Number
Enclosed is a check for the	following amount:	_		
\$125.00 Filing Fee \$1 C	30.00 Filing Fee & Certificate of Status	155.00 Fili Certified Co (additional co		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
м	ailino Address	Street/C	Courier Addre	SS

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
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:

## Ewing Strategic Investments, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LL.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:  3824 Cedar Spring Road, #407 Dallas TX 75219			
3787 Bay Colony Drive, Unit #210				
Naples, Florida 34108				
••	4 ***			

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Linbility 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:

NRAT Services, Inc.

Name

515 East Park Avenue

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

Tullahyssee PL 32301

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..

by: Chose Registered Agent's Signature (REQUIRED)

Christian Eubanks, Assistant Secretary

(CONTINUED)

Page 1 of 2

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

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

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	Manager	B, Edward Ewing 8787 Bay Colony Drive, Unit #210
		Naples, Florida 34108
	The state of the s	
	(Use attachment if necessary)	
(If an		ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	
	Signature of a member of	or an authorized representative of a member.
	constitutes an affirmation under the	08(3), Floridg Statutes, the execution of this document to penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
	B. Edward Ewin	g, manager
	Type	d or printed name of signee

Filing Poes:

\$123.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)