

02-19-15 10:53AM

Division of Corporations

1/ 3

Page 1 of 1

L15000030721

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000043210 3)))



H150000432103ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954) 428-8899
Fax Number : (954) 428-6699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
TEXAS GIRL HOLDINGS, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

15 FEB 19 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
15 FEB 19 AM 10:00

BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 20 2015

J. HAMPTON

<https://efile.sunbiz.org/scripts/efilcovr.exe>

2/19/2015

H15000043210 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEXAS GIRL HOLDINGS, LLC

(Must end with 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:Mailing Address:1120 E TROPICAL WAY
PLANTATION, FL 33317

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:

MACK NEAL CARROLL III

Name

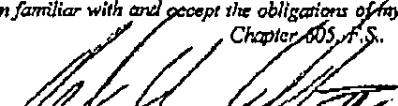
1120 E TROPICAL WAYFlorida street address (P.O. Box NOT acceptable)PLANTATION, FL 33317

FL

City

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 FEB 19 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H15000043210 3

H150000432103

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
 "MGR" = Manager
MGRM

Name and Address:

MACK NEAL CARROLL III
1120 E TROPICAL WAY
PLANTATION, FL 33317

MGRM

LAUREN NICOLE DAVIS CARROLL
1120 E TROPICAL WAY
PLANTATION, FL 33317

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**


Signature of a member or an authorized representative of a member.
 (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
 I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MACK NEAL CARROLL III

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)

Page 2 of 2

15 FEB 19 AM 7:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

H150000432103