

L16000211527

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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FILED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 375552 4320132

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : November 18, 2016

ORDER TIME : 3:43 PM

ORDER NO. : 375552-005

CUSTOMER NO: 4320132

DOMESTIC FILING

NAME: MEWBOURNE CAPITAL, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Mewbourne Capital, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann K. Anderson

Name of Person

Brenner, Saltzman & Wallman LLP

Firm/Company

271 Whitney Avenue

Address

New Haven, CT 06511

City/State and Zip Code

curtis.mewbourne@cox.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann K. Anderson

203

772-2600

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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:

Mewbourne Capital, 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:

505 East Alexander Palm Road
Boca Raton, FL 33432

Mailing Address:

505 East Alexander Palm Road
Boca Raton, FL 33432

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:

Corporation Service Company
Name

1201 Hays Street

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

Tallahassee, FL 32301

City

State

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..

Corporation Service Company

By:

M. Zender
Registered Agent's Signature (REQUIRED)

Melissa Zender

Asst. Vice President

(CONTINUED)

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

AMBR

Boca Raton, FL 33432

AMBR

Boca Raton, FL 33432

ARTICLE VI: Other provisions, if any.

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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