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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 09/19/2019

Name: Marcel Ogbonna-Amu

Reference #: 1131794

Entity Name: ECM-BG2-GAINESVILLE, FL-2-UT, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

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TALLAHASSEE  
FLA 32301

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Authorized Amount: \$125.00

Signature: M. E. S.

• CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40<sup>TH</sup> ST, 10<sup>TH</sup> FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY #8010712  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20 3961.3080

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ECM-BG2-Gainesville, FL-2-UT, I.LC 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:

Stephanie Williams

Name of Person

Embree Asset Group Inc

Firm/Company

4747 Williams Drive

Address

Georgetown, TX 78633

**City/State and Zip Code**

swilliams@embreegroup.com

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

For further information concerning this matter, please call:

Stephanie Williams at (512) 819-4735  
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

## ARTICLE IV-

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

## Title:

**"AMBR"** = Authorized Member

"MGR" = Manager

MORE  
AMBR

Name and Address:

Rocky Hardin

Rocky Viaram  
4747 Williams Drive

W.W. Williams, Inc.

AMBR

Philip Annie

Philip Morris  
1717 Williams Drive

4747 Williams Drive  
Georgetown, TX 78623

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

#### ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Rocky Hardin

Typed or printed name of signer

#### Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$30.00 Certified Copy (Optional)**

**S 50.00 Certified Copy (optional)**

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