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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

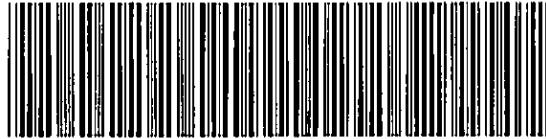
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SEP 21 2019

Brumley



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: September 19, 2019

Account#: I20000000088

Name: KEN HOWELL

Reference #: 1131794

Entity Name: ECM-BG2-HAWTHORNE, FL-1-UT, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other \_\_\_\_\_

**ISSUES? CALL**

**KEN:**

**518-213-0738**

Authorized Amount: **\$125.00**

Signature: \_\_\_\_\_

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40 ST, 10<sup>TH</sup> FL  
NY, NY 10016  
800.221.0102  
• 1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED: ENGLAND & WALES  
REG. NO. 07072  
6 BEVIS MARKS, 1<sup>ST</sup> FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
HONG KONG 9 FLOOR COMPANY  
INFINITUS PLAZA 12<sup>TH</sup> FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803

## COVER LETTER

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

**SUBJECT:** ECM-BG2-Hawthorne, FL-1-UT, 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:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ECM-BG2-Hawthorne, FL-1-UT, LLC

(Must contain 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:

4747 Williams Dr. Georgetown, TX 78633

Mailing Address:

4747 Williams Dr. Georgetown, TX 78633

**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:

Cogency Global Inc

Name

115 North Calhoun Street Suite 4

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.*

Catherine J. Lunn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

F I L E D

#### ARTICLE IV.

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

### Title:

**"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR**

---

Name and Address:

Rocky Hardin  
4747 Williams Drive  
Georgetown, TX 7863

AMBR

Philip Annis

4747 Williams Drive  
Georgetown, TX 78634

—

(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 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)**