

M19000010583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

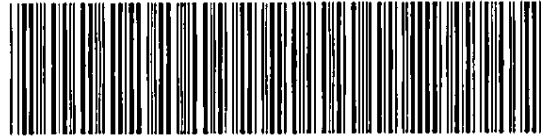
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

NOV 4 2019



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/01/2019

Name: Merritt Walker

Reference #: 1143728

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 _____

Authorized Amount: \$125

Signature: 



EMBREE

ASSET GROUP, INC.

To whom it may concern,

These below listed entities are an entity qualified to do business in the state of Florida on 9/16/2019 and voluntarily withdrawn 11/4/2019, will not revoke the dissolution. The listed entities below, of Florida also gives up their right to this name.

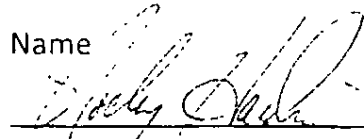
ECM-BG2-Deerfield Beach, FL-1-UT, LLC
ECM-BG2-Ft Lauderdale, FL-1-UT, LLC
ECM-BG2-Ft Lauderdale, FL-2-UT, LLC
ECM-BG2-Gainesville, FL-1-UT, LLC
ECM-BG2-Gainesville, FL-2-UT, LLC
ECM-BG2-Gainesville, FL-3-UT, LLC
ECM-BG2-Hawthorne, FL-1-UT, LLC
ECM-BG2-Hollywood, FL-1-UT, LLC
ECM-BG2-Hollywood, FL-2-UT, LLC
ECM-BG2-Jacksonville, FL-1-UT, LLC
ECM-BG2-Jacksonville, FL-2-UT, LLC
ECM-BG2-Jacksonville, FL-3-UT, LLC
ECM-BG2-Jacksonville, FL-4-UT, LLC
ECM-BG2-Jacksonville, FL-5-UT, LLC
ECM-BG2-Jacksonville, FL-6-UT, LLC
ECM-BG2-Jacksonville, FL-7-UT, LLC
ECM-BG2-Lake City, FL-1-UT, LLC
ECM-BG2-Lantana, FL-1-UT, LLC
ECM-BG2-Lauderhill, FL-1-UT, LLC
ECM-BG2-Orange Park, FL-1-UT, LLC
ECM-BG2-Ormond Beach, FL-1-UT, LLC
ECM-BG2-Palm Coast, FL-1-UT, LLC
ECM-BG2-Plantation, FL-1-UT, LLC
ECM-BG2-Riviera Beach, FL-1-UT, LLC
ECM-BG2-St Augustine, FL-1-UT, LLC
ECM-BG2-Tamarac, FL-1-UT, LLC
ECM-BG2-West Palm Beach, FL-1-UT, LLC
ECM-BG2-West Palm Beach, FL-2-UT, LLC
ECM-BG2-West Palm Beach, FL-3-UT, LLC
ECM-BG2-Yulee, FL-1-UT, LLC

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TALLAHASSEE, FLORIDA

This resolution is approved by:

Rocky Hardin

Name



Signature

11/4/19

Date

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ECM-BG2-Hawthorne, FL-1-UT, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Utah
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 4747 Williams Dr
(Street Address of Principal Office)

6. 4747 Williams Dr
(Mailing Address)

Georgetown, TX 78633

Georgetown, TX 78633

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Colleen Flurnes

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

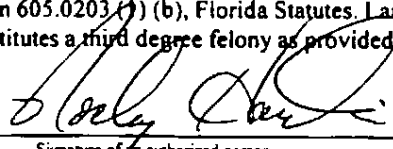
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Rocky Hardin</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4747 Williams Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Georgetown, TX 78633</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Rocky Hardin

Typed or printed name of signee



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

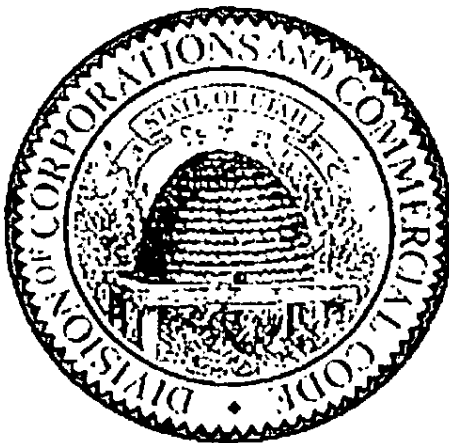
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/22/2019
11463363-016010222019-3237593

CERTIFICATE OF EXISTENCE

Registration Number:	11463363-0160
Business Name:	ECM-BG2-HAWTHORNE, FL-1-UT, LLC
Registered Date:	September 16, 2019
Entity Type:	LLC - Domestic
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jason Sterzer
Director
Division of Corporations and Commercial Code