

M190000/0584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

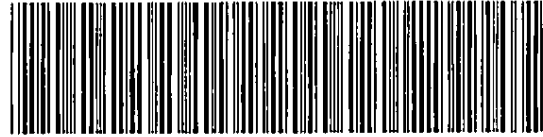
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500336115545

STONEMAN, FLORIDA  
TALLAHASSEE

19 NOV -1 AM 12:10

FILED

19 MAY - 1 PM 2:54

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-GAINESVILLE, FL-3-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These below listed entities are an entity qualified to do business in the state of Florida on 9/16/2019 and voluntarily withdrawn 11/4/2019, will not revoke the dissolution.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

FILED  
19 NOV -1 AM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This resolution is approved by:

Rocky Hardin

Name



Signature

11/4/19

Date

FILED  
19 NOV -1 AM 12:10  
SECRETARY OF STATE  
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-Gainesville, FL-3-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.

Cellean Flumes

(Registered agent's signature)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 NOV - 1 AM 12:10

FILED

FILED  
19 NOV -1 AM 12:10  
SECRETARY OF STATE  
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]:

**Title or Capacity:** **Name and Address:**  
☒ Manager Name: Rocky Hardin  
☐ Member Address: 4747 Williams Drive  
☐ Authorized Georgetown, TX 78633  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**  
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

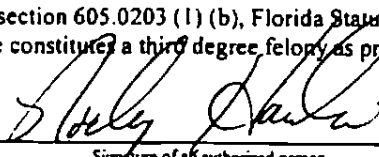
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ 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 signer



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>

FILED  
19 NOV -1 AM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

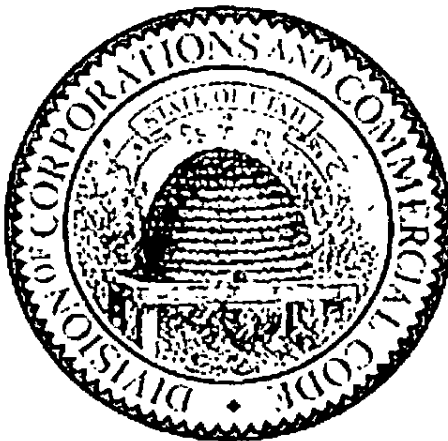
10/22/2019

11463355-016010222019-3180743

## CERTIFICATE OF EXISTENCE

Registration Number: 11463355-0160  
Business Name: ECM-BG2-GAINESVILLE, FL-3-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