

L 00000000 3056

Newcomb Management, LLC  
Requester's Name

44A Dune Breeze  
Address

Santa Rosa Beach, FL 32459  
City/State/Zip Phone #

000003170880--3  
-03/15/00--01045--008  
\*\*\*\*160.00 \*\*\*\*160.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

- 1. \_\_\_\_\_  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
00 MAR 15 PM 10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in       Pick up time \_\_\_\_\_
- Mail out       Will wait       Photocopy       Certificate of Status
- Certified Copy

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

with  
3/17

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Newcomb Management, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

44A Dune Breeze Lane, Santa Rosa Beach, FL 32459

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Shannon Porath,  
Name  
4942 U.S. HWY 98 Suite 5  
Florida street address (P.O. Box **NOT** acceptable)  
Santa Rosa Beach FL 32459  
City, State, and 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 608, F.S.*

Shannon Porath  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Paul Lydolph III, Esq.

(An additional article must be added if an effective date is requested)

[Signature]  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul Lydolph III, Esq.  
Typed or printed name of signee

\$ 160.00

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)