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(Requestor's Name)						
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SECRETARY OF STATE LIVISION OF CORPORATIONS OF CORPORATIONS

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JOHN R. NEWCOMB 1241 S. E. BREWSTER PLACE STUART, FLORIDA 34997 772-223-0949 Fax-772-220-4083 JNukeUm@aol.com

April 23, 2003

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32399

Hello,

This is to serve as my cover letter for executing a new Limited Liability Company--Newcomb Management and Consulting, LLC. Enclosed please find the necessary paper work and check required.

If something else is required or something is not completed as required, please contact me at the following address:

John R. Newcomb 1241 S. E. Brewster Place Stuart, Florida 34997 772-223-0949 Fax 772-220-4083 Cell 772-349-3355

For at least the period of April 28, 2003 thru May, 2003, I can be reached at the following address:

John R. Newcomb 376 Broadview Lane Annapolis, Maryland 21401 410-266-3712 Fax 410-266-3393 Cell 772-349-3355

I appreciate your assistance in this matter. Hur Dewal-

Sincerely yours,

John R. Newcomb



TRANSMITTAL LETTER

Division of Corporations				
SUBJECT: NEW COMB	UNNAGENCENT (Name of Limited Liability)	AND Company)	CONSULTANGS	८८७
•	(1 value of Diffied Datomy	company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
	•			
TOHN R. NEW	ROMTS			æ
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(Firm/Company)				
1241 S.E. BREL	USTER PLACE			
(Address) STUART F LOREDA (City/State and Zip Cod	1 349977 le)	,		DIVISION OF CO. O. APR 28
For further information concerning this matter, p	olease call: クフスー_ タス	3-0949		FCORPORATIONS 28 PH 2: 07
JOHN R. NEWCOURS	at (410-70			2: 編
(Name of Person)	(Area Code & Dayt			01
	-			
STREET ADDRESS:	MAILING ADDRESS	S:		
Registration Section	Registration Section Division of Corporation	nc		
Division of Corporations 409 E. Gaines Street	P.O. Box 6327	112		
Tallahassee, Florida 32399	Tallahassee, Florida 32	2314		
A				

Registration Section

TO:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: NEWCOUR MANAGEREUT AND CONSULTER

TOHN R. NEWCOMB

1241 S. B. BREWSTER PLACE

Florida street address (P.O. Box NOT acceptable)

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

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

1741 S.E. BREWSTER PLACE STUARTS FLORESA 34997

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

ARTICLE I - Name:

ARTICLE II - Address:

	STUARTY	FL	34997	**
	City, Sta	te, and Zip		
Having been named as regis liability company at the place registered agent and agree to statutes relating to the propercies of the obligations of my	e designated in this cert to act in this capacity. I er and complete perform position as registered a	ificate, I her further agre ance of my a	eby accept the appoin e to comply with the p luties, and I am famili ided for in Chapter 60	tment as Scriverovisions of all ar with and
·	nal artiolomust be adde flu P Nee e of a member or an author	eveelo)
of this d	ordance with section 608.408 ocument constitutes an affir acts stated herein are true.)			
	JOHN R. Typed or printed	NEWC	om <u>B</u>	

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)