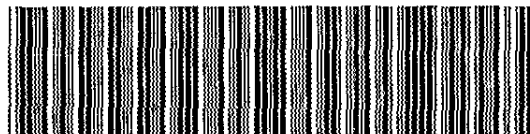


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FLORIDA STATE
TALLAHASSEE, FLORIDA



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AL

(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:

Office Use Only

Law Office of
Jamie B. Greusel, Esquire

1104 North Collier Boulevard

Marco Island, FL

239-394-8111

FILED

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Jamie B. Greusel
Licensed in FL & NJ

September 22, 2003

State of Florida
Department of State
Corporate Division
P.O. Box 6327
Tallahassee, Florida 32314

RE: Tommy Combs, L.L.C.

Gentlemen/Ladies:

Enclosed please find:

1. Articles of Organization for Tommy Combs, L.L.C.
2. A check in the amount of \$155.00, broken down as follows:

Filing Fee	\$100.00
Designation of Registered Agent	25.00
Certified Copy	<u>30.00</u>
	\$155.00

Kindly file the originals.

Sincerely,


Jamie B. Greusel, Esq.

JBG:js
Enclosure

**ARTICLES OF ORGANIZATION
FOR
TOMMY COMBS, L.L.C.**

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03 SEP 26 PM 2:02
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is: Tommy Combs, L.L.C.

ARTICLE II – Address:

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

Principal Office Address:

P.O. Box 2517
Marco Island, FL 34146

Mailing Address:

P.O. Box 2517
Marco Island, FL 34146

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

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

Jamie B. Greusel
1104 N. Collier Blvd.
Marco Island, Florida 34145

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.



Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

MGR

Name and Address:

Tommy Combs
P.O. Box 2517
Marco Island, FL 34146

REQUIRED SIGNATURE:

Tommy Combs

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.)

Tommy Combs

Typed or printed name of signee

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)**

FILED
03 SEP 26 PM 2:02
CLERK OF STATE
TALLAHASSEE, FLORIDA