

L03000050407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

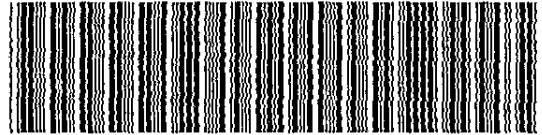
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/22/03--01065--011 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -4 PM 1:12

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L03-50407
CP



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 28, 2003

ANTHONY AMMONS
2001 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207

SUBJECT: COMBINED INDUSTRIES, LLC
Ref. Number: W03000031462

We have received your document for COMBINED INDUSTRIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 22, 2003. Please amend your document accordingly.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require permit the filing of an "Affidavit of Membership and Capital Contributions". Therefore, the enclosed document has not been filed and is being returned you.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 203A00058637

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -4 PM 1:12

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October 21, 2003

Secretary of State
Registration Section
Divisions of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Combined Industries, LLC

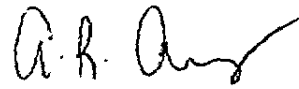
Dear Sir/Madam:

Please find enclosed herewith an original and copy of the Articles of Organization and Transmittal Letter for the above-reference company. In addition, a check in the amount of \$130.00 is enclosed to cover the costs of the applicable fees as follows:

Filing Fee:	\$100.00
Registered Agent Fee:	\$25.00
Certificate of Status:	\$5.00

Please file the original of the enclosed and return a copy to the undersigned. Your prompt attention to this matter would be appreciated.

Sincerely,



Anthony R. Ammons

Combined Industries, LLC
2001 Art Museum Drive
Jacksonville, FL 32207
(904) 396-0899

03 DEC -4 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Combined Industries, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony R. Ammons
(Name of Person)

Combined Industries, LLC
(Firm/Company)

2001 Art Museum Drive
(Address)

Jacksonville, Florida 32207
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Ammons at (904) 396-0899
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -6 PM 1:12

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CHARLES R. ATKINS

Certified Public Accountant

4940 Emerson Street, Suite 100
Jacksonville, Florida 32207
Phone: (904) 632-0660
Fax: (904) 338-9762

December 3, 2003

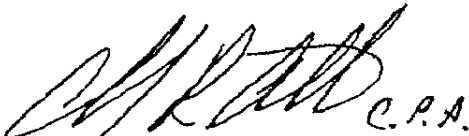
Florida Department of State
Division of Corporations
Attn: Tammi Cline
P.O. Box 6327
Tallahassee, FL 32314

Re: Combined Industries, LLC.; Letter # 203A00058637

Dear Tammi Cline,

We have enclosed a revised Articles of Organization for Florida Limited Liability Company for Combined Industries, LLC along with a copy of your rejection letter. The document has been revised to comply with the current filing requirements. Please advise us if you require further information. We look forward to a speedy resolve in this matter.

Sincerely,



Charles R. Atkins
Certified Public Accountant

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC -4 PM 1:12

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Combined Industries, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles R. Atkins
(Name of Person)

Charles R. Atkins, C.P.A.
(Firm/Company)

4940 Emerson Street, Suite 100
(Address)

Jacksonville, FL 32207-4970
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles R. Atkins at (904) 632-0660
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Combined Industries, LLC

ARTICLE II - Address:

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

Principal Office Address:

2001 Art Museum Drive

Jacksonville, FL 32207

Mailing Address:

Same

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

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

Charles R. Atkins, C.P.A.

Name

4940 Emerson Street, Suite 100

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

Jacksonville

FLORIDA 32207-4970

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, Florida Statutes..


Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Anthony R. Ammons

2001 Art Museum Drive

Jacksonville, FL 32207

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

Anthony R. Ammons

Typed or printed name of signee

SECRETARY OF STATE
TALAHASSEE, FLORIDA

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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)