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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comeback Properties,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:

Amanda Baker
(Name of Person)

Pinnacle Title Group,LLC
(Firm/Company)

36468 Emerald Coast Parkway Ste 7103
(Address)

Destin, FL 32541
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 21 PM 2:17

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For further information concerning this matter, please call:

Amanda Baker at (850) 650-4830
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Comeback Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:

205 Sycamore Hills Ct.

Louisville, KY 40245

Mailing Address:

205 Sycamore Hills Ct.

Louisville, KY 40245

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

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

Mary Elizabeth Robinson

Name

35468 Emerald Coast Parkway Ste 7103

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

Destin

FLORIDA 32541

City, State, and Zip

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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..

Mary Elizabeth Robinson

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" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Thomas W. Robinson
205 Sycamore Hills Ct.
Louisville, KY 40245

MGRM

Thomas Coleman Allen
205 Sycamore Hills Ct.
Louisville, KY 40245

Member

Mary Elizabeth Robinson
205 Sycamore Hills Ct.
Louisville, KY 40245

Member

Stacie Marie Allen
205 Sycamore Hills Ct.
Louisville, KY 40245

(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.)

~~Thomas Coleman Allen~~ Thomas W. Robinson
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)