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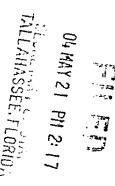
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## TRANSMITTAL LETTER

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)		
$\Xi$	s o	
Pinnacle Title Group,LLC	OH MAY 2	
(Firm/Company)		3 3
· Section 1997	<u> </u>	- Nation
36468 Emerald Coast Parkway Ste 7103	—· C	· indistrict
(Address)		j B (
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Destin, FL 32541	·	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Amanda Baker <u>at (</u> 850 <u>)</u> 650-4830	_	
(Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

TO:

Registration Section

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 FLORIDA LIMITED LIABILITY COMPANY

Comeback Pro	perties, LLC		
ARTICLE II The mailing a	·	the principal office of the Limited Liability Compan	
Principal Off	ice Address:	Mailing Address:	
205 Sycamore Hills Ct.		205 Sycamore Hills Ct.	
Louisviile, KY 40245		Louisville, KY 40245	
ARTICLE II	I - Registered Agent, Regis	tered Office, & Registered Agent's Signature:	
ARTICLE II	I - Registered Agent, Regis the Florida strect address of	tered Office, & Registered Agent's Signature: the registered agent are:	
ARTICLE II	I - Registered Agent, Regis the Florida strect address of Mary Elizabeth Robinso	tered Office, & Registered Agent's Signature: the registered agent are:	
ARTICLE II	I - Registered Agent, Regis the Florida strect address of Mary Elizabeth Robinso	tered Office, & Registered Agent's Signature: the registered agent are:	
ARTICLE II	I - Registered Agent, Regis the Florida strect address of Mary Elizabeth Robinson 35468 Emerald Coast P	tered Office, & Registered Agent's Signature: the registered agent are:  Name  ALLA HARVAN  Name  Arkway Ste 7103  18 (P.O. Box NOT acceptable)	
ARTICLE II	I - Registered Agent, Regis the Florida strect address of Mary Elizabeth Robinson 35468 Emerald Coast P	tered Office, & Registered Agent's Signature: the registered agent are:	

Having compa agree to 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.

Page Lof 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

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

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.	D.C.	_	
	Louisville,KY 40245		\$	
Member	Stacie Marie Allen	AIIA	OH MAY 21	ا يا سندن
	205 Sycamore Hills Ct.		$\sim$	19:55 12:35:38
	Luoisville, KY 40245	1.2	<del></del>	, <del>1</del>
(Use attachment if necessary)			P	
•		LORIDA	$\dot{\wp}$	1

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 penaltics of perjury that the facts stated herein are true.)

Thomas Coloman Alian Thomas W. Robinson
Typed or printed name of signee

Filing Fees;

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)