

L04000046213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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000038003070

EFFECTIVE DATE  
06/14/04

06/18/04--01040--020 \*\*130.00

FILED  
2004 JUN 18 PM 12:48  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 21 2004

**TRANSMITTAL LETTER**

FILED  
2004 JUN 18 PM 2:48  
TALLAHASSEE, FLORIDA

TO: Registration Section  
Division of Corporations

SUBJECT: CHARLES COMBS, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00  
Filing fee & Designation  
of Registered Agent

☒ \$130.00  
Filing Fee, Designation of  
Registered Agent, &  
Certificate of Status

☐ \$160.00  
Filing Fee, Designation  
of Registered Agent,  
Certified Copy, &  
Certificate of Status

Please return all correspondence concerning this matter to the following:

CHARLES COMBS  
752 SEMINOLE AVE.  
LONGWOOD, FL 32750

For Further information concerning this matter, please call: CHARLES COMBS at 407-416-1000.

**Street Address:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION

OF

CHARLES COMBS, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

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TALLAHASSEE, FLORIDA

EFFECTIVE DATE

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ARTICLE I - NAME

The name of the Limited Liability Company is: CHARLES COMBS, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 752 SEMINOLE AVENUE, LONGWOOD, FL 32750.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

CHARLES COMBS

752 SEMINOLE AVE.  
LONGWOOD, FL 32750

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.

  
\_\_\_\_\_  
CHARLES COMBS

**ARTICLE IV - MANAGEMENT**

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

<u>Title:</u>	<u>Name and Address:</u>
President:	CHARLES COMBS 752 SEMINOLE AVE. LONGWOOD, FL 32750
Secretary:	CHARLES COMBS 752 SEMINOLE AVE. LONGWOOD, FL 32750
Treasurer:	CHARLES COMBS 752 SEMINOLE AVE. LONGWOOD, FL 32750

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**ARTICLE V - EFFECTIVE DATE**

The effective date of the Limited Liability Company is requested to be June 14, 2004.



\_\_\_\_\_  
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.)

  
\_\_\_\_\_  
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)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 14th day of June, 2004.

  
CHARLES COMBS

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2004 JUN 18 PM 12:48  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA     )  
                                  )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of June, 2004, by CHARLES COMBS, who is personally known to me or who has produced driver's license as identification and who did take an oath.

FL DL C512-159-41-430-0



  
Notary Public, State of Florida  
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

  
CHARLES COMBS

DATE: 6/14/04