

L07000081215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

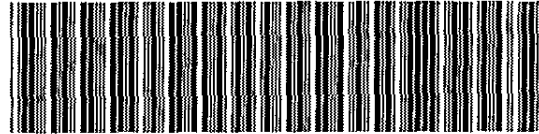
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/06/07--01025--010 **130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

ulmer|berne|llp

ATTORNEYS

JULIE A. DOLLENMAYER
paralegal

direct 513-698-5144
direct fax 513-698-5145
jdollenmayer@ulmer.com

July 31, 2007

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

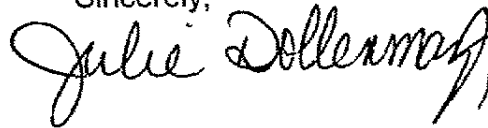
RE: Articles of Organization

Dear Sir or Madam:

Enclosed for filing are Articles of Organization on behalf of R&C Newcomb Family LLC along with a check in the amount of \$130 for the filing fees. Please return evidence of the filing in the enclosed envelope.

If you have any questions, please do not hesitate to contact me.

Sincerely,



\jad
Enclosure

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33541.00001

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R&C Newcomb Family 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:

Julie Dollenmayer

(Name of Person)

Ulmer & Berne,

(Firm/Company)

600 Vine Street, Suite 2800

(Address)

Cincinnati, OH 45202

(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Dollenmayer

(Name of Person)

at (513) 698-5144

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R&C Newcomb Family LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

8831 Naples Heritage Drive

Naples FL 34112

Mailing Address:

Ronald Newcomb

8831 Naples Heritage Drive

Naples FL 34112

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ronald Newcomb

Name

8831 Naples Heritage Drive

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

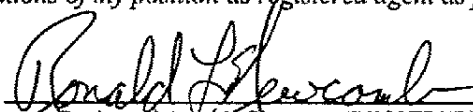
Naples FL 34112

FL

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGR

Ronald Newcomb

8831 Naples Heritage Drive

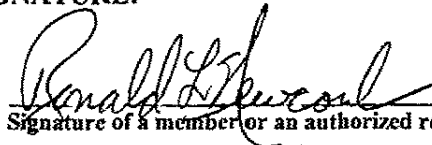
Naples FL 34112

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Ronald Newcomb

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)