

L080000038631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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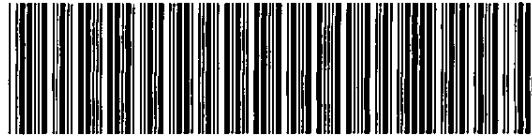
(Business Entity Name)

(Document Number)

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

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03/28/08--01033--009 \*\*160.00

Effective Date 4/11/08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 16 PM 3:55

T. HAMPTON

APR 17 2008

EXAMINER

000-10408

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: J.T.B MEDICAL MARKETING GROUP 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 H COMBS SR

(Name of Person)

J.T.B. MEDICAL MARKETING GROUP LLC

(Firm/Company)

PO BOX 6217

(Address)

LAKELAND FL 33807

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES H COMBS SR

(Name of Person)

at ( 863 ) 398-0868

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 APR 16 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 31, 2008

CHARLES H COMBS SR  
P O BOX 6217  
LAKELAND, FL 33807

SUBJECT: J.T.B. MEDICAL MARKETING GROUP LLC  
Ref. Number: W08000016468

We have received your document for J.T.B. MEDICAL MARKETING GROUP LLC and your check(s) totaling \$160.00. 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 March 28, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 908A00018795

Effective Date 4/11/08

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J.T.B. MEDICAL MARKETING GROUP 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:**

CHARLES H COMBS II

2708 AVON RIVER DR

VALRICO FL 33594

**Mailing Address:**

CHARLES H COMBS SR

PO BOX 6217

LAKELAND FL 33807

**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:

CHARLES H COMBS SR

Name

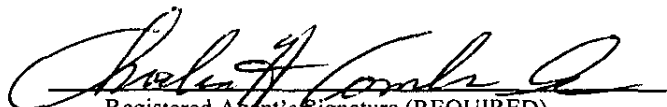
1253 THOMASVILLE CIR

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

LAKELAND FL 33807

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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 16 PM 3:55

**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

CHARLES H COMBS SR  
1253 THOMASVILLE CIR  
LAKELAND FL 33807

MGRM

CHARLES H COMBS II  
2708 AVON RIVER DR  
VALRICO FL 33594

MGRM

CHRISTINA EDDINS  
3024 THROUGHbred LOOP S  
LAKELAND FL 33811

MGRM

JENNIFER A SPENCE  
7715 BLAIR DR  
WESTLEY CHAPEL FL 33544

(Use attachment if necessary)

*Charles H Combs Sr*  
**ARTICLE V:** Effective date, if other than the date of filing: 02/11/2008 4/11/08 (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:**

*Charles H Combs Sr*  
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.)

**CHARLES H COMBS SR**

Typed or printed name of signer

**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)