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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT - 7 AM 8:26

T. HAMPTON

OCT - 7 2010

EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Gomez and Whitcomb 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:

Tracy Whitcomb  
Name of Person

NA  
Firm/Company

1402 Robinson Dr N  
Address

ST. Petersburg FL 33710  
City/State and Zip Code

twitcomb1@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy L. Whitcomb at ( 727 ) 692-8851  
Name of Person 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

10 OCT -7 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 8, 2010

TRACY WHITCOMB  
1402 ROBINSON DR N  
ST PETERSBURG, FL 33710

SUBJECT: GOMEZ AND WHITCOMB LLC  
Ref. Number: W10000042312

We have received your document for GOMEZ AND WHITCOMB LLC and your check(s) totaling \$130.00. 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 September 7, 2010. Please amend your document accordingly.

Please return 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

Letter Number: 310A00021409



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2010

TRACY WHITCOMB  
1402 ROBINSON DR N  
ST PETERSBURG, FL 33710

SUBJECT: GOMEZ AND WHITCOMB LLC  
Ref. Number: W10000042312

Memo #: 01466-C

This letter is to inform you that your check number 95 for \$130.00, which was dated September 4, 2010 and submitted for GOMEZ AND WHITCOMB LLC has been returned to us by your bank because of FROZEN/BLOCKED ACCOUNT.

We are notifying you because our records indicate that the paperwork for GOMEZ AND WHITCOMB LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of ~~\$145.00~~, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation  
Attn: ~~TAMMY HAMPTON~~  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Michelle Milligan  
Administrative Assistant II  
Bureau of Commercial Recording

Letter Number: 210A00023070

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Gomez and Whitcomb 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:

1402 Robinson Dr N  
St Petersburg FL  
33710

#### Mailing Address:

Same

### 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:

Esther J Melendez

Name

6525 Park Blvd.

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

Pinellas Park FL 33781

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..*

Esther J. Melendez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**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

Tracy Whitcomb  
1402 Robinson Dr N  
St Petersburg FL 33710

MGRM

Nicolas Gomez Duque  
1402 Robinson Dr N  
St Petersburg FL 33710

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/7 (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:**

Tracy L. Whitcomb  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tracy L. Whitcomb  
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)

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