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12 MAY - 3 MH 2: 00

SCURFIARY OF STATE
ALLAHASSEF, FI ORIDA

D. BRUCE

MAY 0 7 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corpor				
SUBJECT: Coomb	s AC LLC			
SUBJECT.		ed Liability Company		
The enclosed Articles of Org	ganization and fee(s) are s	submitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
Max Coom	bs			
		Name of Person		_
				_
		Firm/Company		
10428 Der	noeu Road		As 5	<u> </u>
		Address	L CS ₹	-
Boynton Beacl	ı, Fl. 33472		TAR	
fromthemax@	•	/State and Zip Code	Y OF	型 「丁
		or future annual report notification)	——————————————————————————————————————	ب ر
For further information conc	erning this matter, please	call:	RIDA	00
Max Coombs		at (561 ) 369-8787	,	
Name of Pe	rson	Area Code & Daytime Telep	hone Number	
Enclosed is a check for the	following amount:			
\$125.00 Filing Fee \$1	30.00 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 enclose	
Ri D P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Coombs AC LLC (Must end with the words "Limited Liability	by Company, "L.L.C." or "L.L.C.")		
ARTICLE II - Address: The mailing address and street address of the printed Liability		pany i	s:
Principal Office Address:	Mailing Address:		
10428 Denoeu Road Boynton Beach, FL 33472	10428 Denoeu Road Boynton Beach, FL 33472		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		12	
The name and the Florida street address of the re-	gistered agent are:	X	71
Max Coombs	ASS	i we	$\overline{}$
Name	A.S.		m
10428 Denoeu F	Road :=ັ້ລ	圣 ?	
Florida street addre	ress (P.O. Box NOT acceptable)	00	
Boynton Beach	FI 33472 SM	0	

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..

City, State, and Zip

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member Max Coombs - MGRM 10428 Denoeu Road Boynton Beach, FL 33472 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 04-30-2012 . (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. I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.) Max Coombs Typed or printed name of signee

Fiting Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

5 50.00 Certified Copy (Optional)