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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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2012 DEC 26 PM 3: 48
SECRETARY OF STATE

D. BRUCE

DEC 27 2012

EXAMINER

(850) 245-6051.

COVER LETTER

TO: **Registration Section Division of Corporations**

Comco Property Management LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all corresp	ondence concerning this matt	ter to the following:	
Olive R	odway-Messi	na	
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
3088 T	obago Ave	т ппи соптрану	
		Address	7012 AL
Clermo	nt Florida 347	' 11	DEC ?
		ty/State and Zip Code	SSE S
olev2@οι	ıtlook.com		
	E-mail address: (to be used	for future annual report notification)	در د. د کار دی
For further information	concerning this matter, please	e call:	3: 48
Olive Rody	way-Messina	_at (352) 255-12	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or 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 C	

Tallahassee, FL 32301

ARTICLES OF QRGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Comco Property Management LLC	
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3088 Tobago Ave, Clermont FL, 34711	3088 Tobago Ave, Clermont FL, 34711
Clermont FL 34711 City, Star	egistered agent are: DEC 26 PH 3: PESS (P.O. Box NOT acceptable) FL te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

EFFECTIVE DATE 01/01/13

ARTICLE IV- Manager(s) or Managing Member(s):

~~

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Mana	g Member
MGR	Olive Rodway-Messina
	3088 Tobago Ave
	Clermont, FL 34711
MGRM	Chelsea Messina
	3088 Tobago Ave
	Clermont, FL 34711
	· · · · · · · · · · · · · · · · · · ·
	if other than the date of filing: 01/01/2013 . (OPTIONAL), the date must be specific and cannot be more than five business days date of filing.)
REQUIRED SIG	Ludowy-Messins
:	nature of a member or an authorized representative of a member.
constitut I am awa	ce with section 608.408(3), Florida Statutes, the execution of this document in affirmation under the penalties of perjury that the facts stated herein are true, that any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.)
	1110
	ve Rodway-Messina
	Typed or printed name of signee
Filing Fees:	ve Rodway-Messina

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)