

L130000014155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

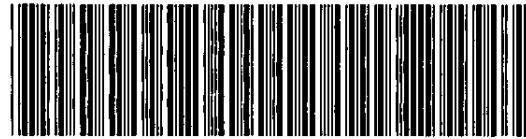
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/13--01037--021 **125.00

EFFECTIVE DATE 1/26/2013

FILED
13 JAN 25 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2013

B. KOHR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMBS & COMPANY 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:

EFFECTIVE DATE 1/26/2017

Philip Combs
Name of Person

Combs & Company LLC
Firm/Company

6020 S. FL AVE LAKELAND FL 33813
Address

LAKELAND FL 33813
City/State and Zip Code

MHSREALTOR@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phil Combs at (863) 513-7640
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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/26/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Combs & Company 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:

Mailing Address:

6020 S. FL AVE
LAKELAND FL 33813
- 3301

6020 S. FL AVE
LAKELAND FL 33813-3301

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:

Philip Combs
Name

6020 S. Florida Avenue

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

LAKELAND FL 33813-3301
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..

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Philip Combs
2311 PETERSON RD
LAKE LAND FL 33812

MGRM

MAISON Combs
2311 PETERSON RD
LAKE LAND FL 33812

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-24-2013 (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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

Philip M. Combs

Typed or printed name of signee

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)

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

ARTICLE 1: NAME

The name of Limited Liability Company is: Combs & Company, LLC

ARTICLE 11: ADDRESS

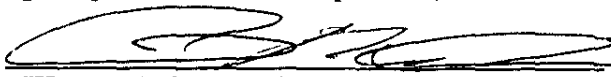
The mailing address and the street address of the principal office of the Limited Liability Company is 6020 S. Florida Avenue, Lakeland, FL. 33813-3301

**ARTICLE 111: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENTS SIGNATURE:**

The name and the Florida street address of the registered agent is

Philip Combs, 6020 S. Florida Avenue, Lakeland, FL. 33813-3301

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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agents provided for in Chapter 608, Florida Statutes.



PHILIP COMBS, REGISTERED AGENT FOR
COMBS & COMPANY, LLC

ARTICLE IV: MANAGERS OR MANAGING MEMBERS

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

Philip Combs, 6020 S. Florida Avenue, Lakeland, FL. 33813-3301
Mason Combs, 2311 Peterson Rd. Lakeland, FL. 33812

ARTICLE V: EFFECTIVE DATE

The effective date of LLC is January 26, 2013



PHILIP COMBS, MANAGING MEMBER OF
COMBS & COMPANY, LLC



MASON COMBS, MANAGING MEMBER OF
COMBS & COMPANY, LLC