

L03 000000 8313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

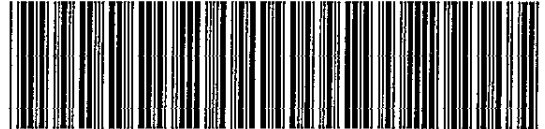
(Document Number)

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

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03/06/03--01065--013 \*\*5.00

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03 MAR -6 AM 8:57  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

JACKSON MILLS LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1621 Springtime Loop  
Winter Park, FL 32792

## ARTICLE III - Registered Agent

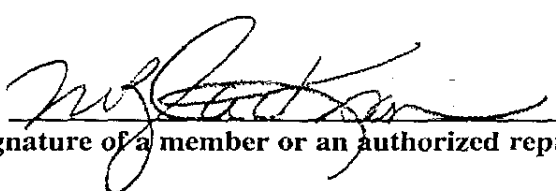
The name and street address of the initial registered agent are:

Martha Reese Jackson  
1621 Springtime Loop  
Winter Park, FL 32792

## ARTICLE IV - Management:

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.  
☒ The Limited Liability Company is to be managed by the members.

  
 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Martha Reese Jackson

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 MAR -6 AM 8:57

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: JACKSON MILLS LLC

2. The name and the Florida street address of the registered agent are:

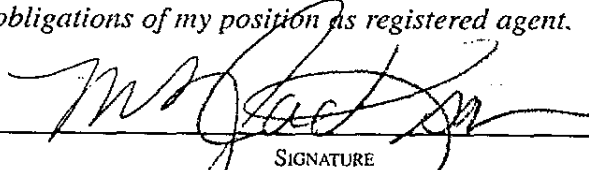
Martha Reese Jackson  
NAME

1621 Springtime Loop  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Winter Park FL 32792  
CITY, STATE AND ZIP

**FILED**  
 03 MAR -6 AM 8:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
SIGNATURE

**Filing Fee: \$25 for Designation of Registered Agent**