

L040000000964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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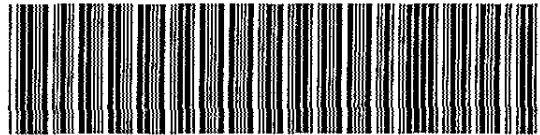
(Business Entity Name)

(Document Number)

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2003 DEC 26 PM 2:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JAN 6 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A.J's Home Improvement "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:

Thomas Allen Jackson  
(Name of Person)

A.J's Home Improvement "LLC"  
(Firm/Company)

260 Oak Crest Drive  
(Address)

Interlachen Florida 32148  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Jackson at (386) 684-3516  
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AJ's Home Improvement "LLC"

**ARTICLE II - Address:**

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

**Principal Office Address:**

260 Oakcrest Drive  
Interlachen Florida  
32148

**Mailing Address:**

260 Oakcrest Drive  
Interlachen  
Florida 32148

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Thomas Allen Jackson

Name

260 Oakcrest Drive

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

Interlachen FLORIDA 32148

City, State, and Zip

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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 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, Florida Statutes..*

Thomas Allen Jackson

Registered Agent's Signature

Thomas Allen Jackson

**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

Thomas Allen Jackson  
260 Oakcrest Drive  
Interlachen Florida 32148

MGRM

Donna Jackson  
260 Oakcrest Drive  
Interlachen Florida 32148

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Thomas Allen Jackson  
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.)

Thomas Allen Jackson  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA