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(Re	equestor's Name)	
(Address)		
(Ad	(dress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
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(Document Number)		
Certified Copies	_ Certificates	s of Status
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TRANSMITTAL LETTER

TO: * Registration Section Division of Corporations	
SUBJECT: KINK JackSo	ne of Limited Liability Company)
The enclosed Articles of Organization and f	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Kirk Jackson (Name of Person)	SECRETAL SEP
Kirk Jackson Pa (Firm/Company)	inting state
MI Burit leat hr. 1 (Address)	not3
Tallallassee Ha. (City/State and Zip	<u>22301</u>
For further information concerning this matter	er, please call:
(Name of Person)	at ()(Area Code & Daytime Telephone Number)
(radio of rotion)	(The code & Daytime Telephone Humber)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Kirk Jackson Painting 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:
971 Burnt teat has hots 971 Burnt leaf has Lots
Tallahassee, Fl 32301
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Kink Jackson Name Name Florida street address (P.O. Box NOT acceptable) Tallahasse Fl. Fl. 3230 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

(CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	ing Member(s): or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kink Jackson 971 Burnt Tept Ln. Lot 3 Tallahassee, Ha. 32301
	SECRE F
	ASSECTED A DE
(Use attachment if necessary)	
NOTE: An_additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
with A.	

Typed or printed name of signee

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

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)

that the facts stated herein are true.)