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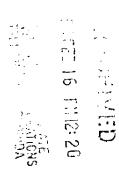
(Re	equestor's Name)	<del></del>
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SO MI SONT TALLAHASSEE, FLORION

## TRANSMITTAL LETTER

	of Corporations						
SUBJECT:	TAMES	TACKS (Name of Li	or mited Liabili	DA:N+ing fy Company)	19	LLC	
	cicles of Organizati						
_SAMES	TAC (Name of	Person)	· · · · · · · · · · · · · · · · · · ·				OS FEB
_JAME	( <b></b>	Sow P mpany)	A/NH.	US.			OS FEB 16 PM 12: 28
923 9 THIA,	(Address)  7/4 3 (City/State		(				ORIDA
For further inform	nation concerning		se call:				
JAMES	(Name of Person)	¥	at (\$550 (Area	Code & Daytime	72 Telephon		<u>32</u>
Enclosed is a check for	the following am	ount:					
□ \$125.00 Filing Fee	S130.00 Fili Certificate		Certified	_	Cer Cer	0.00 Filing tificate of tified Cop litional copy	Status &
Registra Divisior	T ADDRESS: tion Section of Corporations Gaines Street			MAILIN Registrat Division P.O. Box	ion Sect of Corp	ion	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability Co	mpany is:				
JAMES	JACKSON	PRINT	ing	110		<u> </u>
ARTICLE II - A The mailing addr	Address: ress and street addres	s of the principal	office of th	ne Limited Liab	ility Compa	any is:
Principal Office	Address:		Mailing	Address:		
SAMES	JACISON		823 Talla	900d BR	EAL L. 2030	L)
ARTICLE III -	Registered Agent, F	Registered Office	e, & Registe	ered Agent's S	_ ,	
The name and the	823 5000	JACKS O Name	LN.			05 FEB 16 PM 12: 28
	THI/Ahas	SEE FL 7 City, State, and Zip	HORIZ.	<u>4</u> 32 <b>3</b> 0/	RIDA	8

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..

Registered Agent's Signature

(CONTINUED)

The name and address of	each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Me	Name and Address:		
MGRM	JAMES JACKSONO 823 GOOD BREAD CIN SED TAMA, 71A, 32301	- - - -	
		- - -	
(Use attachment if necessary NOTE: An additional a	ary) rticle must be added if an effective date is requested.	~	
(In according of this that the	RE:    Contains a cont	112: 28	
	Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent		

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

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