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(Requestor's Name)		
(Ad	dress)	
(Address)		
	y/State/Zip/Phone	s #N
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(-	··-,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Engaigl Instructions to	Cilina Officer	· 1
Special Instructions to	Filing Oincer:	

Office Use Only



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A.

TRANSMITTAL LETTER

To: Registratio	n Section f Corporations					
SURJECT: JACK	(SON-KENNEDY, LLC					
Sobsect.		ed Liability Company)		 -		
The enclosed Article	es of Organization and fee(s) are	submitted for filing				
	respondence concerning this matt	_				
r tease return an eor	respondence concerning and man	er to the tonowing.				
DON	ALD E. KENNEDY	NCD	· · · · · · · · · · · · · · · · · · ·			
	(Name of Person)				
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·			
19531 T	OLEDO BLADE BLVD					
		(Address)		ZS:	05	
_				E C	<u>=</u>	
<u> </u>	ORT CHARLOTTE, FL 33948 (City	/State and Zip Code)		AS:	1 20	FI
	` •	- '		ÉÉ.	2	FILED
For further informati	ion concerning this matter, please	call:		FLO FLO	05 JUN 20 AM 11:3	
DONALD E. KENN	NEDY	at (941) 255-3535		STATE FLORIDA	<u> </u>	
(Na	ame of Person)	(Area Code & Daytime To	elephone Number)			
Enclosed is a check	k for the following amount:					
Ø \$125.00 Filing Fe	-	☐ \$155.00 Filing Fee &	□ \$160.00 Fi	ling Fee.		
•	Certificate of Status	Certified Copy	Certificate of S Certified Cop	Status &		
		(additional copy is enclosed)	(additional copy i)	
ST	REET ADDRESS:	MAILING A	DDRESS:			
	gistration Section vision of Corporations	Registration S Division of Co	ection			
409	9 E. Gaines Street	P.O. Box 6327	7			
Tal	llahassee, Florida 32399	Tallahassee, F	lorida 32314			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
JACKSON-KENNEDY, LLC					
ARTICLE II - Address:					
The mailing address and street address of the pri	incipal office of the Limited Liabil	ity Comp	any is	5:	
Principal Office Address:	Mailing Address:				
136 HAMLIN T LANE	136 HAMLIN T LANE				
ALTAMONTE SPRINGS, FL 32714	ALTAMONTE SPRINGS, FL 32714				
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re		gnature:	-		
	egisiered agent are.	ALC:	05 JUN 20		
DONALD E. KENNEDY, D.O.		Ş	71		
Name		20	F		
19531 TOLEDO BLADE BLVD				~~	
Florida street address (P.O. Box NOT acceptable)		$\stackrel{*}{=}$	_		
PORT CHARLOTTE, FL 33948 FL		MH: 3			
City, State, ar	nd Zip	₽ rr			

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)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	SCOTT V. JACKSON
	136 HAMLIN T LANE
	ALTAMONTE SPRINGS, FL 32714
MGR	DONALD E. KENNEDY, D.O.
	19531 TOLEDO BLADE BLVD
	PORT CHARLOTTE, FL 33948

(Use attachment if necessary)	
(- ,	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
_	$\Omega \Lambda I$
×	

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.)

DNAD E. KENNEDY D.O.

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)

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