

L05000062914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

Office Use Only



200056015522

06/27/05--01001--003 \*\*160.00

RECEIVED

05 JUN 24 PM 2:42  
DIVISION OF CURTATION

FILED

05 JUN 24 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Kilman & Jackson Development Company LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Jackson

(Name of Person)

Kilman & Jackson Development Company LLC

(Firm/Company)

115 E. Park Ave

(Address)

Tallahassee, FL 32312

(City/State and Zip Code)

For further information concerning this matter, please call: John Jackson  
at (850) 445-9893

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☒ \$160.00 Filing  
Fee, Certificate of Status Certified Copy Certificate of Status &  
(additional copy is enclosed) Certified Copy  
(additional copy is enclosed)

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

**FILED**  
05 JUN 24 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: Kilman & Jackson Devolvement Company LLC

ARTICLE II - Address: 115 E. Park Ave, Tallahassee, FL 32301

Principal Office Address: Mailing Address:

Kilman & Jackson Devolvement Company LLC

115 E. Park Ave.

Tallahassee, FL 32301

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

Jonathan Kilman

115 E. Park Ave.

Tallahassee, FL 32301

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

**FILED**  
05 JUN 24 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

Title: MGRM

Name: John D. Jackson

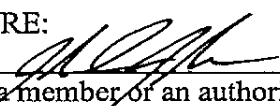
Address: 115 E. Park Ave  
Tallahassee, FL 32301

Title: MGRM

Name: Jonathan Kilman

Address: 115 E. Park Ave  
Tallahassee, FL 32301

REQUIRED SIGNATURE:

  
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.)

John D. Jackson

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)

Page 2 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN 24 PM 2:53

FILED