

Division of Corporations

C05000102080

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : JEFFREY M. JACOBS, C.P.A., P.A.  
Account Number : 110516003447  
Phone : (904) 260-0483  
Fax Number : (904) 260-0348

## LIMITED LIABILITY COMPANY

Jaxon Properties, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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DIVISION OF CORPORATION

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EFFECTIVE DATE

10-11-05

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

**ARTICLE I**

The name of the Limited Liability Company is:

**Jaxon Properties, LLC**

Effective Date: October 11, 2005

**ARTICLE II**

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

2226 Hammock Oaks Drive North

Jacksonville, Florida 32223

The mailing address of the Limited Liability Company is:

P.O. Box 600197

Jacksonville, Florida 32260-0197

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

**ANY AND ALL LAWFUL BUSINESS.**

**ARTICLE IV**

The name and Florida address of the registered agent is:

James H. Jaxon

2226 Hammock Oaks Drive North

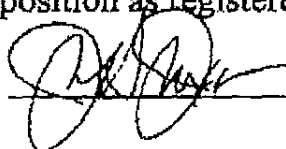
Jacksonville, Florida 32223

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

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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 accept the obligations of my position as registered agent.

Registered Agent Signature: \_\_\_\_\_



#### ARTICLE V


The names and addresses of managing members/managers are:

Title: MGRM  
James H. Jaxon  
2226 Hammock Oaks Drive North  
Jacksonville, Florida 32223

Title: MGRM  
Kelly J. Jaxon  
695 Fruit Cove Road  
Jacksonville, Florida 32259

Signature of member or an authorized representative of a member.

Signature: \_\_\_\_\_

  
James H. Jaxon

10/17/05  
\_\_\_\_\_  
Date

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.

James H. Jaxon

Type or printed name of signee

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