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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

THE MARSHALL JACKSON REALTY GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME OF LIMITED LIABILITY COMPANY:

The name of the Limited Liability Company is:

The Marshall Jackson Realty Group, 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:
1525 NW 167th Street	1525 NW 167th Street
Suite 410	Suite 410
Miami, Florida 33169	Miami, Florida 33169

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

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TALLAHASSEE, FLORIDA

Anthony L. Jackson

1525 NW 167th Street, Suite 410
Florida street address (PO Box **NOT** accepted

Miami, Florida 33169
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, FRS..

Anthony L. Jackson
Registered Agent's Signature

(CONTINUED)

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.)

Typed or printed name of signee

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