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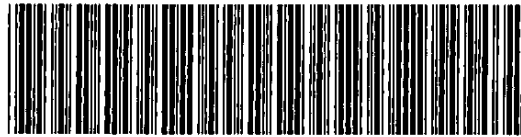
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

6-13-07

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tax In The Box LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Tony S. Jackson, JeaneHe Jackson  
(Name of Person)

Tax In The Box  
(Firm/Company)

8717 Mathonia Ave  
(Address)

Jacksonville, Florida 32211  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony S. Jackson at (904) 312-2475  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2007

TONY S. JACKSON, JEANETTE JACKSON  
8717 MATHONIA AVE.  
JACKSONVILLE, FL 32211

SUBJECT: JAX IN THE BOX  
Ref. Number: W07000029062

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07 JUN 18 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JAX IN THE BOX and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 18, 2007. Please amend your document accordingly.

The effective date cannot be prior to 06/11/07.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 307A00041517



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2007

TONY S. JACKSON, JEANETTE JACKSON  
8717 MATHONIA AVE.  
JACKSONVILLE, FL 32211

SUBJECT: JAX IN THE BOX  
Ref. Number: W07000029062

FILED  
07 JUN 18 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JAX IN THE BOX and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 18, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 707A00040666

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Tax in the box LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

8717 Mathonia Ave.  
Jacksonville, FL 32211

#### Mailing Address:

8717 Mathonia Ave.  
JAX FL 32211

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jeanette Jackson  
Name

8717 Mathonia Ave.  
Florida street address (P.O. Box **NOT** acceptable)  
Jacksonville, FL 32211  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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.*

Jeanette Jackson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 6-13-07

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Tony S. Jackson  
8717 Mathonia Ave.  
Jacksonville, FL 32211

MGRM

Jeanette Jackson  
8717 Mathonia Ave.  
Jacksonville, FL 32211

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6-13-07 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Jeanette Jackson  
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.)  
Jeanette Jackson  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 JUN 18 AM 11:19

FILED

**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)