L09000015437

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200143355642

02/13/09--01005--023   **125.00

FILED
09 FEB 13 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 16 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
        Division of Corporations

SUBJECT: <u>Jacksons Painting, Maintenance & Handyman Service, LLC</u>
                            (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:

<u>Alonzo Jackson</u>
                            (Name of Person)

<u>Jacksons Painting, Maintenance & Handyman Service, LLC</u>
                            (Firm/Company)

<u>179 McCloud Rd.</u>
                            (Address)

<u>Freeport, FL. 32439</u>
                            (City/State and Zip Code)

For further information concerning this matter, please call:

<u>Mary</u>   at (850) 892-2752
        (Name of Person)   (Area Code & Daytime Telephone Number)

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)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                   Tallahassee, FL 32301

09 FEB 13 PH 3: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Jacksons Painting, Maintenance, + Handyman Service, LLC

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

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

179 McCloud Rd
Freeport, FL 32439

Mailing Address:

179 McCloud Rd.
Freeport, FL 32439

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:

Alonzo Jackson
Name

179 McCloud Rd.
Florida street address (P.O. Box **NOT** acceptable)

Freeport   FL 32439
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, F.S..

Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 FEB 13 PM 3:29
FILED

(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:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR   Alonzo Jackson
179 McCloyd Rd.
Freeport, FL 32439

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

<u>REQUIRED</u> 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.)

Alonzo Jackson
Typed or printed name of signee

<u>Filing Fees:</u>

$125.00 Filing Fee for Articles of Organization and Designation
        of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)