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T. CLINE

APR 30 2010

EXAMINER

COVER LETTER

	legistration Division of C							
SUBJECT	Γ:	Ursula Name of	Ja CKS Limited Liabi	O 🖊	Limite	d Liabi	lity (d Con
The enclos	sed Articles o	of Organization and fee(s) are submitte	ed for filing	g.			
Please retu	ırn all corres	pondence concerning thi	s matter to the	following	; :			
_		Ursu	la Jo	icKs	00			
	U	rsula Jac	Kson Firm/Co	LiMi ompany		pility Co.	mpany	¥
	77	70 Spindle	free C	ourt				
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	Ursu	la · Jackson	City/State and Att.	nd Zip Code Ne+	•	FALL	2010	
		E-mail address: (to be	used for future	annual repo	ort notification)	<u>></u>	APR	-
For further	information	concerning this matter,	please call:			ASSI ASSI	29	-
<u></u>	sula	TacKson of Person	at (704	502-	-4559	2010 APR 29 PM 2: 2	
		or the following amou		Area Code	& Daytime Telep	ohone Number ORIDA	21	
. /	Filing Fee	□\$130.00 Filing Fe Certificate of State	e & □ \$15 us Cer	5.00 Filin rtified Cop		\$160.00 Filing Certificate of St Certified Copy (additional copy is	atus &	
		Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Registrati Division Clifton B 2661 Exe	on Section of Corporations uilding cutive Center C ee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ursula Tackson Limited (Must end with the words "Limited Liabili	ed liability Company
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7770 Spindletree Court Jacksonville, Fr 32256	7770 Spindletree Court Jacksonville, FL 32256
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or mother egistered agent are:
The name and the Florida street address of the ro	
Anthony Br	<u>own</u> 88 2
I Name	Note:

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..

Florida street address (P.O. Box NOT acceptable)

Jacksonville, fr. 32298

City, State, and Zip

Registered Agenc's Signature (REOUIRED)

(CONTINUED)
Page 1 of 2

Wrsula Jackson 7770 Spindletree Court Jay Fr 32256-5419 ALE V: Effective date, if other than the date of filing: (Use attachment is listed, the date must be specific and cannot be more than five business date is listed, the date must be specific and cannot be more than five business date.	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: . EFTION ffective date is listed, the date must be specific and cannot be more than five business date		Ursula JackSon 7770 Spindletree Court Jax Fr 32256-5419
(Use attachment if necessary) LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than five builfiess dates.		SECT TALLL
	LE V: Effective date, if other than the	e date of filing:
	REQUIRED SIGNATURE:	
Signature of a member or an authorized representative of a member.	Monl	er or an authorized representative of a member.

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)