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(City/State/Zip/Phone #)

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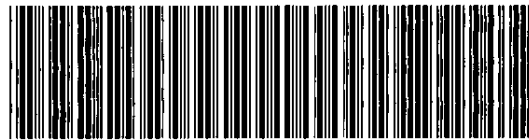
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

NOV 10 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JACKSON COMMERCIAL VENTURES, 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:

ALBERTO N. MORIS

Name of Person

ALBERTO N. MORIS, P.A.

Firm/Company

8700 WEST FLAGLER STREET, SUITE 120

Address

MIAMI, FL 33174

City/State and Zip Code

PSOLIS@ANMPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO N. MORIS

Name of Person

at ( 305 ) 5591600

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF  
**JACKSON COMMERCIAL VENTURES, LLC**

**ARTICLE I – NAME**

The name of the Limited Liability Company is:

**JACKSON COMMERCIAL VENTURES, LLC**

**ARTICLE II – ADDRESS**

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

147 SW 29 Terrace  
Cape Coral, Florida 33914

**ARTICLE III – REGISTERED AGENT  
& REGISTERED AGENT'S SIGNATURE**

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

Alberto N. Moris  
8700 West Flagler Street,  
Suite 120  
Miami, Florida 33174

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 states 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 308, Florida Statutes.

  
\_\_\_\_\_  
ALBERTO N. MORIS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE - IV - MANAGER**

The name and the Florida street address of the manager or managing member is:

Manager:

James Jackson  
147 SW 29 Terrace  
Cape Coral, Florida 33914

  
\_\_\_\_\_  
JAMES JACKSON

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

(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).