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SECRETARY OF STATE
AND AREA SECRETARY OF STATE

C. LEWIS FEB 1 4 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Jackson Allan	
30201011	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Judy Price	
	Name of Person
	Firm/Company
5475 NW 160 Street	
	Address
Reddick, FL 32686	
	ty/State and Zip Code
aahltd@gmail.com E-mail address: (to be used to	for future annual report notification)
For further information concerning this matter, please	e call:
Judy Price	_ _{at (} 352)_414-8749
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	18:	
Jackson Allan LLC		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
3430 NW 155 St. Rodick, FL. 32686	5475 NW 160 St, Reddic	k, FL 32686
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of th	e registered agent are:	2012 SE TAL
Judy Price		See E
Nar	me	AASS
3430 NW 155	Street	H
Florida street	address (P.O. Box NOT acceptable)	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Reddick

(CONTINUED)

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

The name and address of each Manager or Managing Member is as followed 12 FEB 1.3 AM 19; 43

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SEURETARY OF STATE TALLAHASSEE, FLORID
MGRM	Judy Price	
	3430 NW 155 Street	
	Reddick, FL 32686	
MGRM	S. Allan Spurlock	
	5475 NW 160 Street	
	Reddick, FL 32686	
MGRM	Alix Spurlock	
	5475 NW 160 Street	
	Reddick, FL 32686	
(Use attachment if necessary)		
ICLE V: Effective date, if other than the	•	` ,
effective date is listed, the date must b 90 days after the date of filing.)	e specific and cannot be more t	than five business days prior

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Judy Price

Typed or printed name of signee

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)