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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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2012 JUN -5 AN (D: 52)
SECRETARY OF STATE

T. CLINE
JUN - 6 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: JIM JACKSON, 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:
Name of Person
Name of Person
Jim Jackson, LLC
Firm/Company
701 RED WING DRIVE
Address
LAKE MARY FL 32746 City/State and Zip Code
City/State and Zip Code
JIMO MYBIKE DECAL. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report nonneamon)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call: JIM JACKSON at 407 324-754779 Area Code & Daytime Telephone Number DATE STATE STATE
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability C	Company is:	
JIM JACKSON (Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
	Registered Office, & Registered Agent's Signal is its own Registered Agent. You must designate an individual or agent.	کے ture:
business entity with an active Florida registrati	ion.)	912.
The name and the Florida street add	lress of the registered agent are:	
JIMMY	W JACKSON SSE	& ch
		R P
701 R	ED WING DRIVE SE	
Flo	orida street address (P.O. Box NOT acceptable)	F 18
LAKE M	City, State, and Zip	
	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)

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
MGR	JIMMY W. JACKSON 701 REDWING DRIVE LAKE MARY, FL 327
	
(Use attachment if necessary)	,
LE V: Effective date, if other th	an the date of filing: MAY Z7, Z012 (OFFION) Trust be specific and cannot be more than five business day ASS
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.)	ust be specific and cannot be more than five business day
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LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: (In accordance with sect constitutes an affirmation I am aware that any false constitutes a third degree.)	nember of an authorized representative of a member. on 608.408(3). Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.)
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ARTICLE IV- Manager(s) or Managing Member(s):

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