

From:

Division of Corporations

**L13000098950**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

**JUL 12 2013**

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**L. SELLERS**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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13 JUL 11 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**

**JackLee LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUL 11 - PM 6:01

**FILED**

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From:

07/11/2013 10:27 #929 P.002/004

850-817-8381

7/11/2013 8:49:08 AM PAGE 1/001 Fax Server



July 11, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: JACKLEE LLC  
REF: W13000039083

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H13000154356  
Letter Number: 013A00016942

RECEIVED  
13 JUL 11 PM 13:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

From:

07/11/2013 10:28

#929 P.003/004

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

JackLee 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:

1932 TUSCAN OAKS COURT  
FLEMING ISLAND, FL 32003

#### Mailing Address:

1932 TUSCAN OAKS COURT  
FLEMING ISLAND, FL 32003

### 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:

TIMOTHY KELLY

Name

1932 TUSCAN OAKS COURT

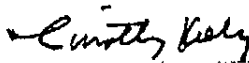
Florida street address (P.O. Box **NOT** acceptable)

FLEMING ISLAND 32003

FL

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)

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13 JUL 11 PM 6:01  
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TALLAHASSEE, FLORIDA

From:

07/11/2013 10:28

#929 P.004/004

**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:**

MGRM

TIMOTHY KELLY

1932 TUSCAN OAKS COURT

FLEMING ISLAND, FL 32003

MGRM

SUZANNE KELLY

1932 TUSCAN OAKS COURT

FLEMING ISLAND, FL 32003

(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.)

**REQUIRED 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. 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.)

TIMOTHY KELLY

Typed or printed name of signer

**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)**