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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Laura C. 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:
Laura Jackson.
Name of Person
Laura C. Jackson LLC Firm/Company
1221 Donna Drive
Address
Fort Myers, FL 33919 City/State and Zip Code
Jacksonappraisal 1995 agnail con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 410-8490 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$
Mailing Address Street/Courier Address Pagietration Section 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

Effective Date 1/1/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Laura C. Jackson 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: Mailing Address:
1221 Donna Drive 1221 Donna Drive Fort Myers, FL 33919
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:
Laura Jackson Name
Name
1221 Donna Drive
Florida street address (P.O. Box NOT acceptable)
Fort Myers FL 33917 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limit 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.
Jane Jackson
Registered Agent's Signature (REQUIRED)
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGRM	Laura Jackson 1221 Donna I.	33919
with the Particular Control of Co		
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(Use attachment if necessary)	e date of filing: Tan: 1,201	4 (OPTIONAL
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