

L 14 0000154694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263427081

09/13/14--01014--010 **130.00

EFFECTIVE DATE 09/15/2014

FILED
14 SEP 19 PM 2:03
SECOND DEPT. OF STATE
TALLAHASSEE, FLORIDA

g/m
10/3/14

mm

September 16, 2014

SENT VIA U.S. MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

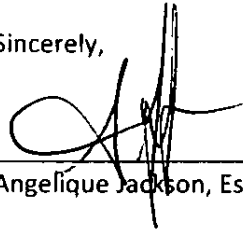
RE: Filing Fee for Articles of Organization and Designation of Registered Agent

Dear Sir/Madam:

Pursuant to the instruction page the following is provided:

1. Name: Angelique Jackson, Esq.
2. Address: 6801 Bloomfield Haven Place, Seffner FL 32314
3. Phone No.: 813-850-9354

Sincerely,

A handwritten signature in black ink, appearing to be 'Angelique Jackson', written over a horizontal line.

Angelique Jackson, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~Jackson Law, PLLC~~ Jackson Legal Firm, PLLC
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:

Angelique Jackson

Name of Person

~~Jackson Law, PLLC~~

Jackson Legal Firm, PLLC

Firm/Company

6801 Bloomfield Haven Place

Address

Seffner, FL 33584

City/State and Zip Code

aallaw@gmail.com

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

For further information concerning this matter, please call:

Angelique Jackson

Name of Person

at (813)

Area Code

850-9354

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2014

ANGELIQUE JACKSON
6801 BLOOMFIELD HAVEN PL
SEFFNER, FL 33584

SUBJECT: JACKSON LAW, PLLC
Ref. Number: W14000058178

We have received your document for JACKSON LAW, PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00020345

FILED
14 SEP 19 PM 2:03
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Jackson Law, PLLC~~ Jackson Legal Firm, PLLC
(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:

2930 Okeechobee Blvd., Ste. 200
West Palm Beach, FL 33584

Mailing Address:

6801 Bloomfield Haven Place
Seffner, FL 33584

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.)

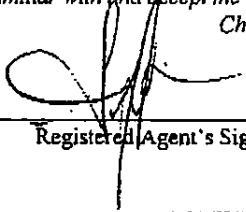
The name and the Florida street address of the registered agent are:

Angelique Jackson
Name

6801 Bloomfield Haven Place
Florida street address (P.O. Box NOT acceptable)

Seffner FL 33584
City 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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 09/15/2014RECEIVED BY STATE
ALLAH SEC. FLORIDA

14 SEP 19 PM 2:03

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**Angelique Jackson6801 Bloomfield Haven PlaceSeffner, FL 33584

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 15, 2014 (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.)

ARTICLE VI: Other provisions, if any.

Nature of Business is providing legal services**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Angelique Jackson

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)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 SEP 19 PM 2:03

FILED