

L15000019546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Office Use Only



900268546399

02/03/15--01010--009 **75.00

01/13/15--01009--002 **190.00

EFFECTIVE DATE
1/26/15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB -2 AM 8:21

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 905 Sarno Rd., 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:

William A. Jackson
Name of Person

Firm/Company

905 Sarno Road
Address

Melbourne, FL 32935
City/State and Zip Code

bill@waicpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William A. Jackson at (321) 394-1040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

905 Sarno Rd., LLC

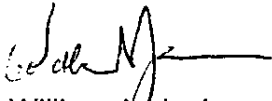
January 7, 2015

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

I, William A. Jackson, as Managing Member of 905 Sarno Rd., LLC, have no intention to reinstate this dissolved entity (document # L02000012058). I would like to use it for the attached new filing.

Sincerely,



William A. Jackson
Managing Member

Attachment

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

905 Sarno Rd., 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:

905 Sarno Road

Melbourne, FL 32935

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:

William A. Jackson

Name

905 Sarno Road

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

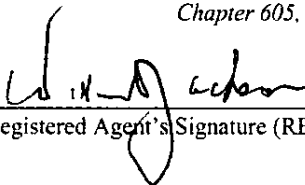
Melbourne

FL 32935

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)

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TALLAHASSEE, FLORIDA

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 _____

MGR _____

Name and Address:

William A. Jackson

905 Sarno Road

Melbourne, FL 32935

Melissa Jackson

905 Sarno Road

Melbourne, FL 32935

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 1/26/2015. (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.

None

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.)

William A. Jackson

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA