

L16000048268

(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

611-



300282234333

02/18/16--01010--029 **155.00

FILED
16 MAR -9 PM 4:35
TALLAHASSEE, FLORIDA

3/10/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jackson Personal Financial Services, 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:

Heather S Jackson

Name of Person

Firm/Company

1435 Blue Heron Lane East

Address

Jacksonville Beach, Florida 32250

City/State and Zip Code

heathersjackson@gmail.com

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

For further information concerning this matter, please call:

Heather S Jackson	904	699-3728
at ()		
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 checked="" 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

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
16 MAR -9 PM 4:35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

16 MAR -9 PM 4:35

RECEIVED
TALLAHASSEE, FLORIDA

February 25, 2016

HEATHER S JACKSON
1435 BLUE HERON LANE EAST
JACKSONVILLE BEACH, FL 32250

SUBJECT: JACKSON PERSONAL FINANCIAL SERVICES, LLC
Ref. Number: W16000014143

We have received your document for JACKSON PERSONAL FINANCIAL SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 016A00003954

RECEIVED
16 MAR -9 AM 10:36
DIVISION OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jackson Personal Financial Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

16 MAR -9 PM 4: 35

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1435 Blue Heron Lane East
Jacksonville Beach, Florida 32250

Mailing Address:

1435 Blue Heron Lane East
Jacksonville Beach, Florida 32250

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:

Heather S. Jackson

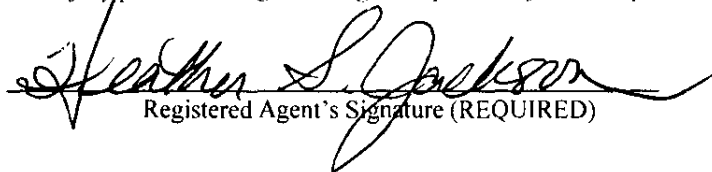
Name

1435 Blue Heron Lane East

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

<u>Jacksonville Beach</u>	<u>Florida</u>	<u>32250</u>
City	State	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)

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:

Heather S. Jackson

1435 Blue Heron Lane East

Jacksonville Beach, Florida 32250

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Heather S. 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)

FILED
16 MAR -9 PM 4:35