

LI0000065677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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16 MAR 28 PM 3:15  
STATE  
101 N. 10th St. 10th Fl.

cf 4/3/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jackies Painting and Refinishing 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:

Jackie Jacobs  
Name of Person

Jackies Painting and Refinishing LLC  
Firm/Company

17 Eglin Street  
Address

FWB, FL 32547  
City/State and Zip Code

csforever.amen@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Jacobs at ( 850 ) 543-7366  
Name of Person Area Code 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

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16 MAR 28 PM 3:15  
TALLAHASSEE, FL  
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2016

JACKIE JACOBS  
17 EGLIN STREET  
FORT WALTON BEACH, FL 32547

SUBJECT: JACKIES PAINTING AND REFINISHING LLC  
Ref. Number: W16000020144

We have received your document for JACKIES PAINTING AND REFINISHING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the city name in its entirety abbreviation is not acceptable.

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: 616A00005551

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16 MAR 28 PM 3:15  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAR 28 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Jackies Painting and Refinishing 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:

17 Eglin Street  
FWD, FL 32547  
Fort Walton Beach, FL 32547

17 Eglin Street  
FWD, FL 32547  
Fort Walton Beach, FL 32547

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

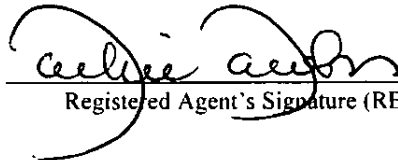
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jackie Jacobs  
Name

17 Eglin Street  
Florida street address (P.O. Box NOT acceptable)  
FWD Fort Walton Beach FL 32547  
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)

**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:**

Jackie Jacobs

17 Eglin Street

FWB, FL 32547 Fort Walton Beach, FL 32547

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

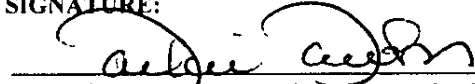
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.)

Jackie Jacobs

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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16 MAR 28 PM 3:15  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA