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SECRETARY OF STATE
TALLAHASSEE

14

## **COVER LETTER**

то:	Registration Section Division of Corporations		,
SUBJEC	JACKSONHILL, LLC		
SUBJEC		Limited Liabili	y Company
The encl	osed Articles of Organization and fee(s)	are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the fo	llowing:
	CHRISTAL J. HILL		
		Name of	Person
		•	
	***************************************	Firm/Cor	npany
	P.O. BOX 1567		
		Addre	ss
	HINESVILLE, GA 31313		
	CHRISTAL.HILL@HOTMAIL.CO	City/State and M	Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For furthe	r information concerning this matter, ple	ease call:	
	CHRISTAL HILL	850 (	895-7722
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertific	Solution Filing Fee & Side Copy Side Copy Side Copy 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  Fallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ART	ICL	ÆΙ	- N	ame:
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The name of the Limited Liability Company is:

16 JUN -3 PH 12: 53

SECRETARY OF STATE FALLAHASSEE FLORIDA

JACKSONHILL, 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:
3916 TRAIL RIDGE ROAD	P.O. BOX 1567
MIDDLEBURG, FLORIDA 32068	HINESVILLE, GA 31313

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:

Name	
ROAD	
(P.O. Box NOT acce	ptable)
FLORIDA	32068
State	Zip
	ROAD (P.O. Box <u>NOT</u> acce FLORIDA

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

"AMBR" = Authorized Member "MGR" = Manager AMBR	
	Name and Address:  SECRETAL  TALLAHAS  CHRISTAL JANE HILL
	CHRISTAL JANE HILL
	3916 TRAIL RIDGE ROAD
	MIDDLEBURG, FLORIDA 32068
AMBR	BRYANT KEITH HILL
	3916 TRAIL RIDGE ROAD
	MIDDLEBURG, FLORIDA 32068
ctive date is listed, the date must be specific filing.) the date inserted in this block does not meet the date inserted in this block does not meet the date.	ing: (OPTIONAL)  and cannot be more than five business days prior to or 90 d  the applicable statutory filing requirements, this date will not b
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