L18000183404

(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





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THE THE STATE OF STATE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: JACKSON SMALL Engine And our board MARTINE 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:
Alex TACKSON Name of Person
6545 NWDANNY BACK RO Briston FL
BR'S+L FL 3232/ City/State and Zip Code
City/State and Zip Code Mr. /epAin 2 (A YAhou Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Tack Sow at (850) 443-5286 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate 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

2661 Executive Center Circle. Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
Must contain the words "Limited Liability Company, "L.L.C.," or "LL.C.")	<u></u>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: 6545 NW DANNY KACK Rd	<u>ረ</u> _	
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: Alex TAKLIN Name		· · ·
Florida street address (P.O. Box NOT acceptable)	2000 km 2000 k	
bistoc FC 32321 City State Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability company place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacifurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my dution am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S		
Λ /		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = A <u>uthorized</u> Member	Name and Address:
"MGR" Manager	Alex JACK DIV 6545 NW ORNALY BLACK RA BRIDDER 34521
	28 JUL 3
	PH 2: 50
(Use attachment if necessary)	
a effective date is listed, the date must b	date of filing:
e: If the date inserted in this block does to locument's effective date on the Departm	nent of State's records.
e: If the date inserted in this block does in the locument's effective date on the Department.	nent of State's records.
ate of filing.) E: If the date inserted in this block does to locument's effective date on the Departm ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	nent of State's records.
E: If the date inserted in this block does a document's effective date on the Department of the Department of the Department of the Department of the Department is each of the Department in the Department in the Department is each of the Department in the De	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. False information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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)