L2000244699

(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:			
W20000 78766			





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07/07/20 --01021 --029 | **150.00



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July 24, 2020

SHAWN JOHNSTON 2713 S INGE ST ARLINGTON, VA 22202

SUBJECT: JACKLINE, LLC Ref. Number: W20000078766



We have received your document for JACKLINE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only non-United States entities may become a domestic limited liability company as stated in section 605.1052, Florida Statutes. You may want to explore one of the conversion options. Please return to our website sunbiz.org to download the appropriate form.

Please return 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.

Matthew T Moon Regulatory Specialist II Supervisor

Letter Number: 020A00013913

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jackline, LLC		
(Name	of Resulting Florida Limited Company)	
	Articles of Organization, and fees are subited Liability Company" in accordance wit	
Please return all correspondence cond	cerning this matter to:	
Shawn Johnston		
(Contact Person)	
Jackline, LLC		
(Firm/Company)	72 C
130 20th Ave N.		
(Address)		長ら
St. Petersburg, FL 33704		2020 AUG 16 AM 10: 10
(City, State and Zip)	Code)	1 3 3
shawn@jackline.us		60 5
E-mail Address: (to be used for future an	inual report notifications)	24 0
For further information concerning th	nis matter, please call:	
Shawn	at (609) 510-6383	
(Name of Contact Person)	(Area Code) (Daytime Telephone	Number)
Enclosed is a check for the following dollars and drawn on a bank located	amount: (All checks processed by this off in the United States)	fice must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) ☐ \$155.00 Filing and Certificate of Status	and the second s	y, and
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327 Tallahassee, FL 32314	
2661 Executive Center Circle	rananassee, rt. 32314	

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

(Enter Name of Other Business Entity)
2. The "Other Business Entity"	s a Limited Liability Company (Enter entity type. Example: corporation, limited partnership.
2 j	(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorr	orated under the laws of Virginia (Enter state, or if a non-U.S. entity, the name of the country)
D(19/2017	(Enter state, or if a non-U.S. entity, the name of the country)
on date of organization, formation or	incorporation)
Jackline, LLC (Enter Na	me of Florida Limited Liability Company)
4. If not effective on the date of	filing, enter the effective date:
(The effective date: 1) cannot	be prior to date of receipt or filed date nor more than 90 days after the he Florida Department of State; <u>AND</u> 2) must be the same as the effectiveles of Organization, if an effective date is listed therein.)
date listed in the attached Arti Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block document's effective date on the Depart 5. The plan of conversion has be	does not meet the applicable statutory filing requirements, this date will not be listed as the

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this	day of		_ 20	
			ed Liability Company:	
Signature of Author Printed Name: Shaw	orized Representat in Johnston	ive: _ \ \	Title: President	
Signature(s) on be	half of Other Bus	iness Entity: [S	See below for required signature(s)]
Signature: Printed Name:			_ Title:	<u>-</u>
Signature: Printed Name:			_Title:	
Signature:Printed Name:	· · · · · · · · · · · · · · · · · · ·		_ Title:	
Signature:Printed Name:				
Signature:Printed Name:			Title:	<u> </u>
Signature: Printed Name:			_ Title:	
If Florida Corpora Signature of Chairn If Directors or Office	nan. Vice Chairma		Officer. orporator must sign.	
If Florida General Signature of one Go		imited Liability	y Partnership:	
If Florida Limited Signatures of ALL		imited Liability	y Limited Partnership:	
All others: Signature of an autl	norized person.			
Fees:				
Articles of	Conversion:		\$25.00	

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

Page 2 of 2

\$125.00

\$30.00 (Optional) \$5.00 (Optional) DO VICTO VANIO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	ıy is:	
Jackline, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:	<u> </u>
130 20th Ave N.	130 20th Ave N.	
St. Petersburg, FL 33704	St. Petersburg, FL 33	704
(The Limited Liability Company cannot serve as its own husiness entity with an active Florida registration.) The name and the Florida street address of		gnate an individual or another
Shawn Johnston		
1	Name	
130 20th Ave. N		
Florida street address	(P.O. Box NOT acceptal	ole)
St. Petersburg	FL 33704	
City	Zip	
Having been named as registered agent of liability company at the place designal registered agent and agree to act in this constantes relating to the proper and compacted the obligations of my position of the proper and compacted the obligations of the proper and compacted th	ted in this certificate, I he capacity. I further agree to dete performance of my d	reby accept the appointment as o comply with the provisions of alouties, and I am familiar with and
(CON	s Signature (REQUIRED) VTINUED) age 1 of 2	PALE AM SSEE FLY
		10 TO

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Shawn Johnston	·
	130 20th Ave N	
	St. Petersburg, FL 33704	
		2020 AUG 16 AM 10:

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.)

<u>Note:</u> 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.

Shawn Johnston

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) Page 2 of 2