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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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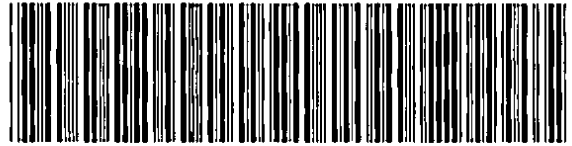
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DATE: 11/2/20

NAME: JACKSON 4 BEACH BUMS, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

AtHodge

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The Name of the Limited Liability Company is: JACKSON 4 BEACH BUMS, LLC

ARTICLE II – Address:

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

a: Mailing Address: 1520 Broken Arrow Trail North, Lakeland, FL 33813

b: Street Address: 1520 Broken Arrow Trail North, Lakeland, FL 33813

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

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

Douglas E. Jackson

Name

1520 Broken Arrow Trail North

Florida street address (Post Office Box NOT acceptable)

Lakeland, FL 33813

City, State and 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

ARTICLE IV – Management (Check applicable box)

 X The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

 The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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ARTICLE V –

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Douglas E. Jackson
Manager

1520 Broken Arrow Trail North
Lakeland, FL 33813

Robin M. Matis-Jackson
Manager

1520 Broken Arrow Trail North
Lakeland, FL 33813

ARTICLE VI: 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.



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.)

Douglas E. Jackson
Typed or printed name of signee