

(Re	equestor's Name)	
(Ac	ddress)	
(Ar	ddress)	
<i>(</i> ,	241000,	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	ne)
νο.	domeso Emily Man	,
· (De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		}
:		
•		

Office Use Only



000159059200

08/14/09--01018--025 **130.00

RECEIVED

O9 AUG IL PK 12: 06

B. KOHR

AUG 14 2009

EXAMINER

OP AUG IL PM 2: 15

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Jackson & A	ssociates
Consulting	
LLC	

			7
			Art of Inc. File \(\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
· · · · · · · · · · · · · · · · · · ·			LTD Partnership File
			Foreign Corp. File
			L.C. File Quality
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
•			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
5.6			Vehicle Search
			Driving Record
Requested by	8/14	1/10/	UCC 1 or 3 File
Nama	Dota	11,00	UCC 11 Search
Name	Date	ime	UCC 11 Retrieval
Walk-In	Will Pick Ur	า	Courier

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

١.	Jackson & Associates Consulting Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
coi	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
	00.0000454
2.	Georgia 3. 20-3909451 Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
i	ompany is organized)
4,	12/07/05 5. Perpetual (Duration: Year limited liability company vill cease to the second seco
	(Date of Organization) (Duration: Year limited liability company vill cease of exist or "perpetual")
6	August 17, 2009
o.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	11350 - 66th Street North, Suite 104
	Largo, FL 33773
	(Street Address of Principal Office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Tracy S. Jackson 1735 Brandon Hall Drive, Atlanta, GA 30350
	Debra C. Jackson 1735 Brandon Hall Drive, Atlanta, GA 30350
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11	Nature of business or purposes to be conducted or promoted in Florida: any business activities
	permitted under the laws of the United States and the State of Florida
	Jan Alail
	Signature of a metabor of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Tracy S. Jackson
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name of the Limited Liability Company is:						
Jackson & Associates Consulting Group, LLC	,					
f unavailable, the alternate to be used in the state of Florida is:						
. The name and the Florida street address of the registered agent and office are:						
Paul C. Jensen						
(Name)						
2001 16th Street North						
Florida Street Address (P.O. Box NOT ACCEPTABLE)						
Saint Petersburg FL 33704						
City/State/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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

JACKSON & ASSOCIATES CONSULTING GROUP, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 12/07/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of August, 2009

Karen C Handel Secretary of State

Haven CHandel

Certification Number: 4525531-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp