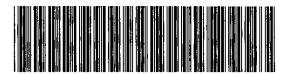
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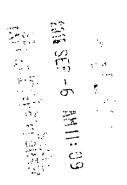
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Office Use Only



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M. MILLIGAN EXAMINER SEP = 6 == 3

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Jackson & Associates LLC			
30001	Name of Limited Liability	Company		
	sed "Application by Foreign Limited Liability Company for Authoriz and check are submitted to register the above referenced foreign lim			
Please 1	arn all correspondence concerning this matter to the following:			
	Christopher M. Jackson			
Name of Person				
Jackson & Associates LLC				
Firm/Company				
18 Campus Blvd - Suite 100 (#1008)				
Address				
Newtown Square, PA 19073				
City/State and Zip Code				
	christophermjacksoncpa@yahoo.com			
	E-mail address: (to be used for future annua	al report notification)		
For furt	r information concerning this matter, please call:			
	Christopher M. Jackson 610	353-5242 Opt 2 Ext 103		
	Name of Contact Person Area Cod	Daytime Telephone Number		
	AAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclose	is a check for the following amount: \$\begin{align*} \text{\$125.00 Filing Fee} & \$130.00 Filing Fee & \text{\$\$Certified Copy} \end{align*} Certificate of Status			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

Jackson & Associates L	LC			
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or	'LLC.'')	_
Jackson & Associates Tax	& Accounting LLC			
Liability Company," "L.L.C,"	ernate name adopted for the purpose of transa or "LLC.")	acting business in Florida. The alternate nam	e must include "Lir	nited
2. Pennsylvania	.1.	0-0890795		
(Jurisdiction under the law of company is organized)	of which foreign limited liability	(FEI number, if applicable)		-
4	(Day 6	• • • • • • • • • • • • • • • • • • • •	-	
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	ida, if prior to registration.) S. to determine penalty liability)	13 0 CE	
5. 18 Campus Blvd - Suite	e 100 (#1008)			in the
Newtown Square, PA 19073			第4 型 第4 工	IL STATE A
19 Commun Divid Cuine	(Street Address of Principal (Office)		
6. 18 Campus Blvd - Suite	: 100 (#1008)			τ .
Newtown Square, PA 1	9073		35	
	(Mailing Address)		AH: 09	
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)	r. i	
Name:	REGISTERED AGENTS INC.			
Office Address:	3030 N. Rocky Point Drive, S	TE 150A		
	TAMPA	, Florida 33607	-	
Registered agent's accept	(City)	(Zip code)		
this application, I hereby a		ent and agree to act in this capacity. I f	urther agree to co familiar with an	omply d accept
	(Registered agen	t's signature)	•	
8. The name, title or cana	city and address of the person(s) who has	have authority to manage is/are:		
Christopher M. Jackson, M.		mave authority to manage is/are.		
- This workson, in	Tamage.			
9. Attached is a certificate of jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, dof which it is organized. (If the certificate bmitted) Signature of an audi	is in a foreign language, a translation of	custody of records the certificate und	in the der oath
This document is successful.	* //	/		
submitted in a document to	in accordance with section 605.0203 (17) the Department of State constitutes a thir	(b), Florida Statutes. I am aware that any d degree felony as provided for in s.817.	Talse information 155, F.S.	
	Christopher M. Jackson			

Typed or printed name of signee



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

07/05/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Jackson & Associates LLC

is duly registered as a Pennsylvania Professional Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160705130817-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx