OCUMENT # NO00000 8		— · ,		•	
Intity Name JACKSONUELLE FED		5	FILED		
FRATERNAL ORDER	SERC CODES	125		ı	
	of our ce, 2.	Handline.	02 MAY 22 PM 3: 21	Lş.	
DO NOT WRITE IN TH	HIS SPACE		SECRETARY OF STATE	Ē ī/	
Principal Place of Business 3. Mailing A					
1149 DAVIS CT Po	Box 44159 Apt. #, etc.	4	DO NOT WRITE IN THIS SPACE		
uite, Apt. #, etc. SACIESONVILLE	Api. #, eic				
City & State	State	EL 4. FEI Number		lied For Applicat	
Tip Country Zip	Country	5. Certificate of S	\$8.75 Additio		
32210 Doubl 322		7. Name and Add	ess of Current Registered Agent		
	Name	RECHORD A	CARESTOPHERSO,	ĸ	
DO NOT WRITE	Street A	dress (P.O. Box Number is	Not Acceptable)		
IN THIS SPACE					
	City		Zip Code		
JATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signat	re required when reinstating)\$5.00 May Be	<u>/s FL 322</u>		
VATURE Signature, typed or printed name of registered agent and title if applicable	of changing its registered office or (NOTE: Registered Agent signat	registered agent, or both, ir	the state of Florida.		
VATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 • 9	(NOTE: Registered Agent signat	registered agent, or both, ir re required when reinstating) \$5.00 May Be	FL B in the state of Florida. DATE Make Check Payable to		
ATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS	of changing its registered office or (NOTE: Registered Agent signat 9. Election Campaign Financing Trust Fund Contribution.	registered agent, or both, ir re required when reinstating) \$5.00 May Be	FL B in the state of Florida. DATE Make Check Payable to		
ATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD R FCW CHR55RD PREFESSION UTADRESS DAVES CT	of changing its registered office or (NOTE: Registered Agent signat 9. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS	registered agent, or both, ir re required when reinstating) \$5.00 May Be	FL B in the state of Florida. DATE Make Check Payable to		
NATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS TADDRESS ST-ZIP	of changing its registered office or (NOTE: Registered Agent signat 9. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees	FL 3 ≥ 2, on the state of Florida. DATE DATE Make Check Payable to Department of State	 }	
IATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS TADDRESS FD TADDRESS FD	A Election Campaign Financing Trust Fund Contribution.	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees	FL 3 ≥ 2, on the state of Florida. DATE DATE Make Check Payable to Department of State)	
JATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS DEFICERS AND DIRECTORS PD RECONCLUST CONS UP RECONCLUST CONS UP DAUSE CF ST-ZIP I ADDRESS UP UP <td colspan<="" td=""><td>of changing its registered office or (NOTE: Registered Agent signed 0. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP D STREET ADDRESS STREET ADDRESS STREET ADDRESS</td><td>registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees</td><td>FL 3 ≥ 2, on the state of Florida. DATE DATE Make Check Payable to Department of State</td><td>)</td></td>	<td>of changing its registered office or (NOTE: Registered Agent signed 0. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP D STREET ADDRESS STREET ADDRESS STREET ADDRESS</td> <td>registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees</td> <td>FL 3 ≥ 2, on the state of Florida. DATE DATE Make Check Payable to Department of State</td> <td>)</td>	of changing its registered office or (NOTE: Registered Agent signed 0. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP D STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees	FL 3 ≥ 2, on the state of Florida. DATE DATE Make Check Payable to Department of State)
ATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD RECONCHRISTOPHERSON 41/119 DAVISCON ST-ZIP ST-ZIP FADRESS 3200 WEDGEFISCS BL ST-ZIP ST-ZIP ADDRESS 3200 WEDGEFISCS BL ST-ZIP	of changing its registered office or (NOTE: Registered Agent signed 0. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees	FL B in the state of Florida. DATE Make Check Payable to)	
IATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD R SCA CHRISTOPHERSON UTLI 9 DAVIECT ST-ZIP TADRESS ST-ZIP TADRESS ST-ZIP DAUSE ST-ZIP ST-ZIP DAUSE ST-ZIP DAUSE ST-ZIP DAUSE ST-ZIP ST-ZIP DAUSE ST-ZIP DAUSE ST-ZIP	A Contract of the second secon	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees £	FL 3 3 3 3 3 DATE DATE Make Check Payable to Department of State Department of State IOCIOS 4.62636- -05/06/02010730 ******61.25)	
ATURE Signature, typed or printed name of registered agent and title if applicable Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD RECONCHERSTOPPESES ON 4 JULY 9 DAVESCOF ST-2IP STACK SON OF LLS VD WILLEAPAN CAUADT TADDRESS ST-2IP STACK SON UF LLS ST-2IP STACK SON UF LLS STACK SON	of changing its registered office or (NOTE: Registered Agent signat 0. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees F -; [K FL 3 >>> DATE DATE Make Check Payable to Department of State IOCIOS 4.62636- -05/06/02010730 ******61.25 ******61.25 NOT WRITE	 }	
IATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD R SCA CHRISTOPHERSON UTLI 9 DAVIECT ST-ZIP TADRESS ST-ZIP TADRESS ST-ZIP DAUSE ST-ZIP ST-ZIP DAUSE ST-ZIP DAUSE ST-ZIP DAUSE ST-ZIP ST-ZIP DAUSE ST-ZIP DAUSE ST-ZIP	A Contract of the second secon	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees F -; [FL 3 3 3 3 3 DATE DATE Make Check Payable to Department of State Department of State IOCIOS 4.62636- -05/06/02010730 ******61.25)	
AATURE Signature, typed or printed name of registered agent and life if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD RECONCHRESS TOPPESES ON U/ILI 9 DAVIE CT ST-ZIP RECONCERSING CALLS UD WELLEMAN LAUANT I ADDRESS SI-ZIP JACKSONISTILS SI-ZIP STACKSONISTILS JUDITH GOSTORD USDARESNED TADDRESS USDARESNED TADDRESS	of changing its registered office or (NOTE: Registered Agent signat 0. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees F -; [K FL 3 >>> DATE DATE Make Check Payable to Department of State IODIOS 4.62636- -05/06/02010730 ******61.25 ******61.25 NOT WRITE)	
ATURE Signature, typed or printed name of registered agent and life if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD RECONCHRESS TOPPESES ON U/ILI 9 DAUSE CT ST-ZIP ND WSLLEAPEN LAUANT I ADDRESS SI-ZIP JACKSONUSTILS SI-ZIP JACKSONUSTILS JUDITH COSTORN JUDITH COSTORN JUDITH COSTORN JUDITH COSTORN JUDITH COSTORN CALSAN JUDITH COSTORN CALSAN JUDITH ST-ZIP KSYSTONS HELOWIS, FL JUDITES JUDITE	of changing its registered office or (NOTE: Registered Agent signat 0. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees F -; [K FL 3 >>> DATE DATE Make Check Payable to Department of State IODIOS 4.62636- -05/06/02010730 ******61.25 ******61.25 NOT WRITE	 }	
ATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD RECONCURPTORESSON 4/1479 DAVISCON ST-2IP TADDRESS ST-2IP TADDRESS ST-2IP TADDRESS ST-2IP TADDRESS ST-2IP TADDRESS ST-2IP	of changing its registered office or (NOTE: Registered Agent signed D. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees F -; [K FL 3 >>> DATE DATE Make Check Payable to Department of State IODIOS 4.62636- -05/06/02010730 ******61.25 ******61.25 NOT WRITE	 }	
NATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD RECONCURPTOPREPSON UT ADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	of changing its registered office or (NOTE: Registered Agent signed D. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees F -; [K FL 3 >>> DATE DATE Make Check Payable to Department of State IODIOS 4.62636- -05/06/02010730 ******61.25 ******61.25 NOT WRITE		
NATURE Signature, typed or printed name of registered agent and title if applicable FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS PD RECY CHRISTOPPISTES OF UT ADDRESS ST-2IP TADDRESS ST-2IP TADDRESS ST-2IP TADDRESS ST-2IP	of changing its registered office or (NOTE: Registered Agent signet (NOTE: Registered Agent signet) 9. Election Campaign Financing Trust Fund Contribution. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees F -; [K FL 3 >>> DATE DATE Make Check Payable to Department of State IODIOS 4.62636- -05/06/02010730 ******61.25 ******61.25 NOT WRITE	 }	
FEE IS \$61.25 Initial or Amended UBR OFFICERS AND DIRECTORS FD RECA CHRISTOPHEESSON UTLIG DAVIE ST-21P ST-21P TACKSONDELLE ST-21P STACKSONDELLE ST-21P STACKSONDELLE ST-21P STACKSONDELLE ST-21P STACKSONDELLE ST-21P STACKSONDELLE ST-21P STACKSONDELLE ST-21P STACKSONDELLE ST-21P STACKSONDELLE ST-21P STACKSONDELLE ST-21P	of changing its registered office or (NOTE: Registered Agent signet COTE: Registered Agent signet COTE: Registered Agent signet COTE: Registered Agent signet COTE: Registered Agent signet TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, ir re required when reinstating) \$5.00 May Be Added to Fees F -; [K FL 3 >>> DATE DATE Make Check Payable to Department of State IODIOS 4.62636- -05/06/02010730 ******61.25 ******61.25 NOT WRITE		