

L24000313421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

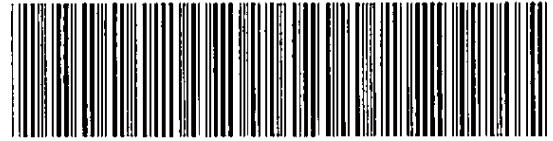
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700431384557

FILED RECEIVED

2024 JUL 17 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext:

To: Department Of State, Division Of Corporations
 From: Shauna Godbolt
 Ext:
 Date: 07/16/24
 Order #: 1555462-1
 Re: A.P. Jackson Industries, LLC
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation
 Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
 120000000195

Please take the following action:
 File in your office on basis
 Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2024 JUL 17 AM 9:44
 TALLAHASSEE, FL
FILED
Shauna Godbolt

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A.P. Jackson Industries, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elisabeth D. Kozlow, Esq.

Name of Person

Siegfried Rivera

Firm/Company

201 Alhambra Circle, 11th Floor

Address

Coral Gables, FL 33134

City/State and Zip Code

EKozlow@SiegfriedRivera.com

E-mail address: (to be used for future annual report notification)

2024 JUL 17 AM 9:47
TALLHASSEE, FL

FILED

For further information concerning this matter, please call:

Elisabeth D. Kozlow, Esq. 305 798-5068
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.P. Jackson Industries, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

816 Harbour Isles Place
North Palm Beach, FL 33410

816 Harbour Isles Place
North Palm Beach, FL 33410

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Todd Egan
Name

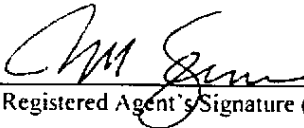
816 Harbour Isles Place
Florida street address (P.O. Box **NOT** acceptable)

North Palm Beach FL 33410
City State Zip

2024 JUL 17 AM 9:47
FILED
STATE
SECRETARY
FLORIDA

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.

Todd Egan

By 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Todd Egan
816 Harbour Isles Place
North Palm Beach, FL 33410

AMBR

Denton Jackson
9170 Highway 51
Coldwater, MS 38618

(Use attachment if necessary)

2024 JUL 17 AM 9:27
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

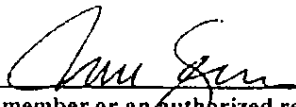
FILED

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.)

Note: 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.

Todd Egan
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) FIN-58236