L21000285124

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2021

GARY W PEAL, ESQ
3700 S TAMIAMI TRAIL STE 200
SARASOTA, FL 34239

SUBJECT: STUDIO ON 5TH, LLC
Ref. Number: W21000072620

We have received your document for STUDIO ON 5TH, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000180298 - STUDIO ON 5TH, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 221A00010771

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: STUDIO ON 5TH, 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:

GARY W. PEAL, ESQ.
Name of Person

BERLIN PATTEN EBLING
Firm/Company

3700 S. TAMIAMI TRAIL SUITE 200
Address

SARASOTA, FL 34239
City/State and Zip Code

gpeal@berlinpatten.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary W. Peal, Esq. at (941) 954-9991 ext 105
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

STUDIO ON 5TH, 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:**
1394 Harbor Drive	1394 Harbor Drive
Sarasota, FL 34239	Sarasota, FL 34239

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:

Gary W. Peal, Esq.
Name

Berlin Patten Ebling, 3700 S. Tamiami Trail Suite 200
Florida street address (P.O. Box **NOT** acceptable)

Sarasota	FL	34239
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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-
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:**
MGR	SUSAN KENNA CRONK 1394 Harbor Drive Sarasota, FL 34239

(Use attachment if necessary)

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: Fairlington Farms Revocable Trust U/A/D December 12, 2013, Sole Member
Susan Kenna Cronk, Trustee
By: Susan Kenna Cronk, Trustee

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.

Susan Kenna Cronk, Trustee of Fairlinton Farms Revocable Trust U/A/D December 12, 2013, Sole Member
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)

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