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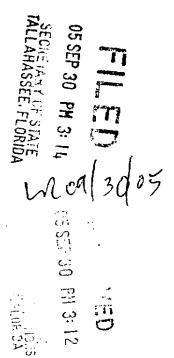
(Requestor's Name)
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COVER LETTER

TO:	Registration Se Division of Co			
SUBJI	ЕСТ:	Five 22 LL (Name of Limite	d Liability Company)	
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	oondence concerning this matte	or to the following:	
		Todd 6	Name of Person)	
		Five 2	2 LLC	TAS OS
			S+. (Address)	FF 30
			(Address) Or, FC. 341	*T;
		(City.	/State and Zip Code)	DET -
For fun	ther information	concerning this matter, please	call:	
	Todd (Name	6AOVIA of Person)	at (elephone Number)
Enclos	ed is a check fo	or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:

Five 22 LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:

Mailing Address:

4038 Blair Stone Rd.

Tallahassee, FC. 32311

Safety Harbor, FC. 34695

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:

Name

1113 Thayer St.

Florida street address (P.O. Box NOT acceptable)

Safety Harbor FL 34695

City, State, and 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, F.S..

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing N	Name and Address: ember
MERM	TO DO GAOUIN 1113 Theyer St. Safety Harbor, Pc. 3469.
Tective date is listed, the	her than the date of filing: (OPTIONAL Late must be specific and cannot be more than five business day
LE V: Effective date, if o	her than the date of filing: (OPTIONALISE must be specific and cannot be more than five business daying.)
LE V: Effective date, if of fective date is listed, the days after the date of fil	her than the date of filing: (OPTIONAL late must be specific and cannot be more than five business daying.) RE:
LE V: Effective date, if of fective date is listed, the days after the date of fill REOUIRED SIGNATU Signatu. (In accoof this d	her than the date of filing: (OPTIONALISE must be specific and cannot be more than five business daying.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)