(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Fifth N	lorth, LLC	· .	-
e to to an all the second	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	•
Frederic	G. Thomas		
	0	Name of Person)	
,		Firm/Company)	
504 N		rinto Company)	
<u>531 Nea</u>	politan Lane	(Address)	
		(Addiess)	
Naples,	Florida 34102		
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	
Frederic Thom	ias	at (239) 272-01	43
	of Person)	(Area Code & Daytime T	
Enclosed is a check for	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	Street/Courier Address Registration Section	<u>ss</u>

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY						
ARTICLE I - Name: The name of the Limited Liability Company is	y:					
Fifth North, LLC	Fifth North 11 C					
(Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company, "Limited Liability Company, "Limited Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Compan	ited Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address:						
The mailing address and street address of the p	orincipal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:					
965 5th Avenue North	965 Fifth Avenue North					
Naples, Florida 34102	Naples, Florida 34102					
Naples, Florida 34103 City, State,	idress (P.O. Box <u>NOT</u> acceptable)					
liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete p	this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and pistered agent as provided for in Chapter 608, F.S					
Registered Agent's Signa	ASSEE F					
(CONTIN Page 1 of	2					
	T CO III CO					

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Frederic G. Thomas
	531 Neapolitan Lane Naples, Florida 34103
MGRM	Frederick Blaze
	633 Bougainvillea Road
	Naples, Florida 34102
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a memb	ber or an authorized representative of a member.
(In accordance with s	section 608.408(3), Florida Statutes, the execution

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Frederic Thomas

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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SECRETARY OF STATE
SECRETARY OF STATE