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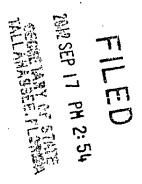
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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J. BRYAN
SEP 1 8 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 5th Ave N., 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:	
Tamra Thoreson Pierce	
Name of Person	
5th Ave N., LLC	
Firm/Company	
6042 8th Ave N.	
Address Fig. 73	
St. Petersburg, Florida 33710	
City/State and Zip Code	· '
Tamra@Tampabay.rr.com	استوا
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tamra T. Pierce at (813) 293-6838	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{\$Certified Copy}\$ Certificate of Status & Certified Copy Certi	
(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	
Registration Section Registration Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Tahabassee, FL 27314 Zool Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

5th Ave N., LLC	
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6042 8th Ave N.	6042 8th Ave N.
St. Petersburg, FL 33710	St. Peterbursg, FL 33710
ARTICLE III - Registered Agent, Registe	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another,
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another, ne registered agent are:
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Tamra Thoreson Pie	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another, ne registered agent are:
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Tamra Thoreson Pie	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another, ne registered agent are:
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Tamra Thoreson Pice National Agents (National Agents) (National A	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another, ne registered agent are:
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Tamra Thoreson Pice National Agents (National Agents) (National A	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another, ne registered agent are:

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..

(CONTINUED)

Page 1 of 2

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	Name and Address:
"MGRM" = Managing Member	
MGR	Tamra T. Pierce
	6042 8th Ave N.
	St. Petersburg, FL 33710
	
•	TO THE TANK IN THE
	2
(Use attachment if necessary)	
ICLE V. Effective date if other than th	e date of filing: (OPTIONAL)
	be specific and cannot be more than five business days prior
90 days after the date of filing.)	,
•	
DEALINED CLONATURE	
<u>REQUIRED</u> SIGNATURE:	
/amia	a Mareson Loves 9/13/1
Signature of a memb	per or an authorized representative of a member.
	98.408(3), Florida Statutes, the execution of this document

(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. 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.)

Tamra Thoreson Pierce

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)