

L130000023828

(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:

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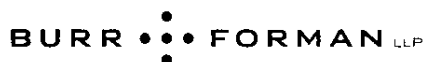


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FILED
2013 FEB 13 AM 8:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
FEB 14 2013



Lori Tipson
ltipson@burr.com
Direct Dial: (404) 685-4327

171 Seventeenth Street, NW
SUITE 1100
Atlanta, GA 30363

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BURR.COM

February 12, 2013

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: TKM5 Management, LLC

Dear Sir/Madam:

Enclosed are the following documents for processing:

1. Cover Letter;
2. Two (2) copies of the Articles of Organization for Florida Limited Liability Company;
3. A check in the amount of \$155.00 payable to the Department of State for the processing fee.

We request that you file the Articles of Organization, issue a certified copy for this entity and return the same to my attention.

Please notify the undersigned at 404/685-4327 if there are any questions.

Sincerely,

Lori Tipson
Legal Secretary

LAT
Enclosures

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2013 FEB 13 AM 8:12
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TKM5 Management, 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:

Tyler Stevens

Name of Person

Burr & Forman LLP

Firm/Company

171 17th Street NW, Suite 1100

Address

Atlanta, GA 30363

City/State and Zip Code

ltipson@burr.com

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

For further information concerning this matter, please call:

Lori Tipson

Name of Person

at (404) 685-4327

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TKM5 Management, LLC

(Must end with 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:

533 Sunset Drive

Ponte Vedra Beach, FL 32082

Mailing Address:

533 Sunset Drive

Ponte Vedra Beach, FL 32082

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:

Thomas K. Moody, Jr.

Name

533 Sunset Drive

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

Ponte Vedra Beach

FL

32082

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)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

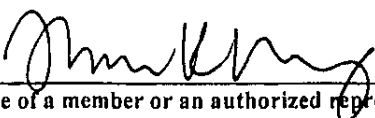
MGR	Thomas K. Moody, Jr.
	533 Sunset Drive
	Ponte Vedra Beach, FL 32082

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Thomas K. Moody, Jr., authorized representative

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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