

L14000133555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

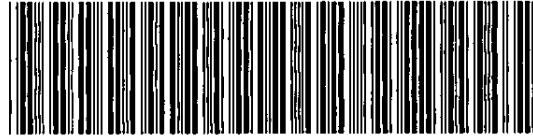
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
14 AUG 26 PM 2:24  
DIVISION OF CORPORATION

FILED  
14 AUG 26 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

T. Bureh AUG 26 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The 5th Quarter, 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:

Kesmond Wilson  
Name of Person

\_\_\_\_\_  
Firm/Company

2207 S. Meridian St  
Address

Tallahassee, FL 32301  
City/State and Zip Code

Kesmond.Wilson@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kesmond Wilson at ( 903 ) 514-3340  
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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The 5th Quarter, 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:

2207 S. Meridian St  
Apt 204  
Tallahassee, FL 32301

Mailing Address:

SAME

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:

Kezmond Wilson

Name

2207 S. Meridian St Apt 204

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

Tallahassee FL 32301

City

Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 AUG 26 PM 2:40

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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.

Kezmond Wilson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Kesmond Wilson  
2207 S Meridian St Apt 204  
Tallahassee, FL 32301

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

12 AUG 26 PM 2:40

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: today 8/26/14 (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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Kesmond Wilson*

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Kesmond Wilson

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)