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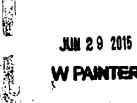
}
· (Requestor's Name)
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(Business Entity Name)
(Document Number)
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Office Use Only



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06/23/15--01011--015 **155.00



COVER LETTER

TO: Registration Section Division of Corporations
Red Five Communications, 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:
James J. Hall
Name of Person
Red Five Communications, LLC
Firm/Company .
230 Wainsley Place
Address
Matthews, NC 28105
City/State and Zip Code jimbot3500@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James J. Hall 500-9471
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is:			
	Red Five Com	munications	, LLC	
((Must end with the words "L	imited Liability Co	mpany, "L.L.C.,	" or "LLC.")
ARTICLE II - Addr. The mailing address a	ess: and street address of the princ	cipal office of the L	imited Liability	Company is:
Principal Office Add	iress:	Mailing Address:		
230 W	alnsley Place		230 Wainsley	Place
Matthe	ws, NC 28105		Matthews, NC	28105
,	ty with an active Florida reginerida street address of the regineration	ŕ	npany	· _
		Name		
	1201	Hays Street		_
	Florida street address (P.0	O. Box <u>NOT</u> accep	table)	
	Tallahassee,	FL	32301	_
•	City		Zip	
the place designat capacity. I further a	ed in this certificate, I hereby igree to comply with the prov	accept the appoint isions of all statutes the obligations of n Chapter 605, F.S Brayer	ment as registere s relating to the p ny position as reg ly Vendrid St VP	stated limited liability company at ed agent and agree to act in this proper and complete performance gistered agent as provided for in $(6-9-2015)$
	(CON	TINUED)		ias
	Pap	ge1of2		F. 5

Title:		Name and Address:	
"AMBR" = Authorized	Member		
"MGR" = Manager		James J. Hall	
	•	230 Wainsley Place	
		Matthews, NC 28105	
ANIDO			
AMBR	•		
AMBR	-		
			························
			
	•		
			
(Use attachment if nece			
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