

L16000206080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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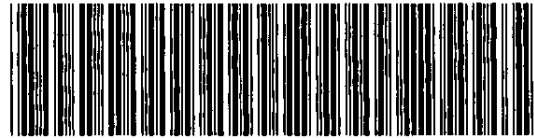
(Business Entity Name)

(Document Number)

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2016 NOV - 7 PM 12:22  
TOL. CLERK, FLORIDA

V HERRING  
NOV 10 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IHT INVESTMENT FUND 5 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:

DANIEL SUMMERS

Name of Person

IHT REALTY GROUP LLC

Firm/Company

8130 BAYMEADOWS WAY WEST

Address

JACKSONVILLE, FLORIDA 32254

City/State and Zip Code

DSUMMERS@IHTREALTY.COM

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

For further information concerning this matter, please call:

JEANNETTE SUMMERS at ( 904 ) 591-5384

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

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

Street Address

New Filing 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:

IHT Investment Fund 5 LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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STATE OF FLORIDA  
JACKSONVILLE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8130 BAY MEADOWS WAY WEST  
JACKSONVILLE  
FLORIDA 32256

Mailing Address:

8130 BAY MEADOWS WAY WEST  
JACKSONVILLE  
FLORIDA 32256

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:

Daniel Summers

Name

8130 BAY MEADOWS WAY WEST

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

JACKSONVILLE, FLORIDA 32256

City

State

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 605, F.S..

Daniel Summers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

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**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

MGR

Daniel Summers  
8130 BAYMEADOWS WAY WEST  
JACKSONVILLE, FLORIDA 32256

MGR

Jeannette Summers  
8130 BAYMEADOWS WAY WEST  
JACKSONVILLE, FLORIDA 32256

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/07/2016 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Daniel Summers

Typed or printed name of signer

**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)