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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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Office Use Only



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COVER LETTER

SUBJECT:	Fifth Capital LLC
oopener.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Kevin Barua
•	Name of Person
	GG International
•	Firm/Company
	7260 W. Azure Dr. Ste 140 - 212
	Address
	Las Vegas, Nevada, 89130
-	City/State and Zip Code
d 	ocsfromsos@gmail.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
1	Kevin Barua 888 650-3738
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$ 125.00 Fil	ing Fee \$\int \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \int \text{\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)} \int \text{\$160.00 Filing Fee. 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

Fifth Capital LL				
(Musi	contain the words "Limited I	Liability Company, "	L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and su	reet address of the principal o	ffice of the Limited L	iability Company is:	
<u>Pri</u>	incipal Office Address:		Mailing Address:	
150 S. Pine Islai	nd Rd Suite 300	150 S.	Pine Island Rd Suite 300	
Diagration EL 2				
(The Limited Liability Com	d Agent, Registered Office, opany cannot serve as its own	& Registered Agent Registered Agent. Yo	's Signature: ou must designate an individual o	or
ARTICLE III - Registered (The Limited Liability Com	d Agent, Registered Office,	& Registered Agent Registered Agent. Yo	's Signature:	
ARTICLE III - Registered The Limited Liability Community will	d Agent, Registered Office, opany cannot serve as its own	& Registered Agent Registered Agent. You.)	's Signature:	
ARTICLE III - Registered (The Limited Liability Comanother business entity will	d Agent, Registered Office, opany cannot serve as its own han active Florida registration	& Registered Agent Registered Agent. You.)	's Signature:	
ARTICLE III - Registered (The Limited Liability Comanother business entity will	d Agent, Registered Office, opany cannot serve as its own han active Florida registration address of the registered	& Registered Agent Registered Agent. You.)	's Signature:	2019 HAY -1
ARTICLE III - Registered (The Limited Liability Comanother business entity will	d Agent, Registered Office, opany cannot serve as its own han active Florida registration address of the registered	& Registered Agent Registered Agent. You n.) agent are:	's Signature:	2019 HAY -1
ARTICLE III - Registered (The Limited Liability Comanother business entity will	d Agent, Registered Office, apany cannot serve as its own in an active Florida registration treet address of the registered Brent Tantillo	& Registered Agent Registered Agent. Ye n.) agent are: Name Suite 3(X)	's Signature: ou must designate an individual c	2019 HAY -1 PH
ARTICLE III - Registered (The Limited Liability Comanother business entity will	d Agent, Registered Office, apany cannot serve as its own in an active Florida registration reet address of the registered Brent Tantillo 150 S. Pine Island Rd	& Registered Agent Registered Agent. Ye n.) agent are: Name Suite 3(X)	's Signature: ou must designate an individual c	2019 HAY -1

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Brent Tantillo
MOR	150 S. Pine Island Rd Suite 300
	Plantation, FL 33324
	ATTACHES STATES
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	5)7",
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing	g:
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific as the of filing.) If the date inserted in this block does not meet the ocument's effective date on the Department of State	and cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific as te of filing.) If the date inserted in this block does not meet the	and cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific as te of filing.) If the date inserted in this block does not meet the ocument's effective date on the Department of State CLE VI: Other provisions, if any.	and cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be list records.
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at te of filing.) If the date inserted in this block does not meet the ecument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in act I am aware that any false inform	and cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be list records.
CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific at te of filing.) If the date inserted in this block does not meet the ecument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in act I am aware that any false inform	applicable statutory filing requirements, this date will not be lie's records. Light an authorized representative of a member, accordance with section 605.0203 (1) (b), Florida Statutes, aution submitted in a document to the Department of State

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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)

ARTICLE IV-