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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Codies Certificates of Status
Special Instructions to Filing Officer:

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Office Use Only



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CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
	282.
111 5th Avenue South LLC	2221 HAY 13 P
	Art of Inc. File
	Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature	Fictitious Owner Search Vehicle Search Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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TO:	New Filing Section
	Division of Corporations

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SUBJECT: _____ Subject: SUBJECT:

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:

	Nicholas Lo	նույ				
			Name of	Person	<u></u>	
	Craig D. Bl	ume P.A.				5
			Firm/Co	nipany	<u> </u>	
	750 11th st.	5.				PT 12: 1
			Addte			N) 7,1
	Naples, FL	34102				
			ity/State and	Zip Code		
r	napieslawoff	ice@gmail.com				
		E-mail address: (to be used	for future a	nnual report notificat	ion)	
	formation co Nicholas Lo		39	417-4848		
-	Nan	······································	rea Code) Daytime Telephon	e Number	
Enclosed is	a check for 1	he following amount:				
■ \$125.00	Filing Fee	CS130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	ied)
		ig Address iling Section		Street Address		
		ning Section on of Corporations		New Filing Section Di The Centre of Tallaha		
		lox 6327		2415 N. Monroe Stre		
	Tallah	assee, FL 32314		Fallahassee, FL 3230		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

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The name of the Limited Liability Company is:

111 5th Avenue South, LLC

(Must contain 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:

Mailing Address:	
PO Box 550408	
Atlanta, GA 30355	

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:

Craig D. Blume, P./	<u>A.</u>	
	Name	
750 11th st. s.		
Florida street addre	ss (P.O. Box <u>NOT</u> acc	eptable)
Naples	Florida	34102
City	State	Zip

HEALTS PAI2: 15

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.,

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Registered Agent's Signature (REQUIRED)

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	ASH VENTURES, LLC PO Box 550426 Atlanta, GA, 30355	
- W=		

(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: <u>April 27, 2021</u>. (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.

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ARTICLE VI: Other provisions, if any. This is a Manager Managed company

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.

Nicholas Long

Typed or printed name of signce

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)