

LD6000014947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

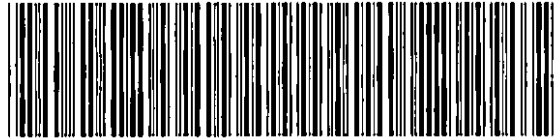
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 07 2018

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dof.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 8/6/2018

PRIORITY Routine

OUR REF # (Order ID#) 675667

ORDER ENTITY

PHD HOSPITALITY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

PHD HOSPITALITY, LLC (FL)

File the attached amendment

Short Form Good Standing Certificate

NOTES:

\$30.00 Authorized

Email address for annual report reminders: dawn.berry@phd-hosp.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS" or similar, written over the word "Sincerely,".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dawn M. Berry	7025 E. Greenway Pkwy, Ste 200	<input type="checkbox"/> Add
		Scottsdale, AZ 85254	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Kevin Robert	6314 Waterway Drive	<input type="checkbox"/> Add
		Falls Church, VA 22044	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Darrell M. Hanson	2500 Main Street	<input type="checkbox"/> Add
		Fort Myers, FL 33931	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Thomas D. Arnot	1025 Thoroughbred Lane	<input type="checkbox"/> Add
		DePere, WI 54115	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAY - 6 AM 7 57
SECRET
SCOTTSDALE, ARIZONA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

8/1, 2018

Signature of a member or authorized representative of a member

Dawn M. Berry

Typed or printed name of signee