OPENDOODLI

(Request	or's Name)			
(Address)				
(Address))			
(City/Stat	e/Zip/Phone #)			
PICK-UP] WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

JUN 2.4 2010

EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration Division of C		·		
SUBJ	ECT: PK5 LL	С			
	Name of Limited Liability Company				
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this mat	ter to the following:		
	Ropen Nalba	ndia n			
			Name of Person		
	PK5 LLC				
	-		Firm/Company		
	P. O. Box 204	4			
			Address		
	Gainesville, F	Florida 32602			
		Cit	y/State and Zip Code		
	Linda@nalba	ndianproperties.com	for future annual report notification)		
	4 . 6		•		
For ful	rther information	concerning this matter, please	e call:		
Linda	Linda Buickel				
	Name	of Person	Area Code & Daytime Telephone Number	_	
Enclo	sed is a check f	or the following amount:			
□ \$125	.00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

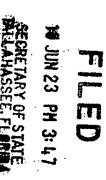
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:		
The name of the L	imited Liability C	Company is:	
PK5 LLC			
(M	ust end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ldress:		
The mailing addre	ss and street addre	ess of the principal office of the Limited Liability Company is:	
Principal Office A	Address:	Mailing Address:	
2815 NW 13th Street		P. O. Box 204	
Suite 423		Gainesville, FL 32602	
Gainesville, FL 32609			
	Company cannot serve a	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another ion.)	
The name and the	Florida street add	ress of the registered agent are:	
Ropen Nalbandian			
	Name		
	2815 NW 13th Street Suite 423		
	Flo	orida street address (P.O. Box <u>NOT</u> acceptable)	
	Gainesville	FL 32609	
		City, State, and Zip	
Having been nam	ned as registered a	gent and to accept service of process for the above stated limited	

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Ropen Nalbandian P. O. Box 204 Gainesville, Florida 32602 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: June 17, 2010 (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.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Ropen Nalbandian

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee