L12000041408

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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C. LEWIS

MAR 26, 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195
REFERENCE: 128589 4336482
AUTHORIZATION: Spellolenas
COST LIMIT : \$ 160.00
ORDER DATE: March 13, 2012
ORDER TIME: 1:0 PM
ORDER TIME: 1:0 PM
ORDER NO. : 128589-005
CUSTOMER NO: 4336482
DOMESTIC FILING
NAME: PHILIPS LAKE WORTH LLC
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Troy Todd - EXT. 2940
EXAMINER'S INITIALS:



March 15, 2012

CSC / TROY TODD

RESUBMIT

Please give original submission date as file date.

SUBJECT: PHILIPS LAKE WORTH LLC

Ref. Number: W12000014965

We have received your document for PHILIPS LAKE WORTH LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is B00000000212.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 912A00009395

DEPARTMENT OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Philips Lake Worth 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:
Robyn Tuerk, Esq.
Name of Person
Philips International Holding Corp.
Firm/Company
295 Madison Avenue, 2nd Floor
Address
New York, New York 10017
City/State and Zip Code
rtuerk@pihc.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robyn Tuerk at (212) 951-3801 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{\$\subseteq} \\$ \$160.00 Filing Fee, \text{Certified of Status & Certified Copy (additional copy is enclosed)} \text{\$\subseteq} \]
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301

Philips Lake Worth, L.P. 295 Madison Avenue, 2nd Floor New York, New York 10017 FILED

12 MAR 13 AM IO: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

By Electronic Mail

March 22, 2012

Corporation Service Company 2711 Centerville Road Suite 400 Wilmington, DE 19808

Re: Philips Lake Worth LLC

To Whom it May Concern:

Philips Lake Worth, L.P. hereby consents to Philips Lake Worth LLC's unlimited use of the name "Philips Lake Worth LLC" in the State of Florida.

Please instruct the State of Florida accordingly and expedite the filing of Articles of Organization or a Certificate of Formation for Philips Lake Worth LLC in Florida. Should you have any questions please contact the undersigned at 212-951-3801.

Very truly yours,

By:

Philips Lake Worth, L.P.

By: PL Lake Worth GP Corp.

General Partner

By:

Sole Member,

Sheila Chess Vice President

Worth Co

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIETLY: COMPANYTATE

	TALLAHASSEE, FLORI
ARTICLE I - Name: The name of the Limited Liability Compa	ny is:
Philips Lake Worth LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of Principal Office Address:	the principal office of the Limited Liability Company is: Mailing Address:
295 Madison Avenue, 2nd Floor New York, New York 10017	295 Madison Avenue, 2nd Floor New York, New York 10017
ARTICLE III - Registered Agent, Regis	stered 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:

·	ity, State, and Zip
Tallahassee	_{FL} 32301
Florida stre	eet address (P.O. Box <u>NOT</u> acceptable)
1201 Hays Str	reet
,	Name
Corporation Service	ce Company

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..

Troy Todd as its agent

Registored Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

"MGR" = Manager "MGRM" = Managing Me	each Manager or Managing Member is as follows: SECRETARY OF Name and Address: Name and Address:
•	
MGR	Philip Pilevsky
	295 Madison Avenue, 2nd Floor New York, New York 10017
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	The same of the sa
4-5	
(Use attachment if necessa	ry)
LE V: Effective date, if oth fective date is listed, the date days after the date of filing	ner than the date of filing: (OPTIONAL ate must be specific and cannot be more than five business days g.)
	Œ:
<u>REQUIRED</u> SIGNATUR	
<u>REOUIRED</u> SIGNATUR	amounthul_

Robyn Tuerk, Authorized Representative

Typed or printed name of signee

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)