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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)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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DEPARTMENT OF STATE

10 SEP 25 PM 1: 56 2812 SEP 25 AM

10 SEP 25 PM 1: 56 2812 SEP 25 AM

T. CLINE

SEP 2 6 2012

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 357921 4304155

ORDER DATE: September 25, 2012

ORDER TIME : 11:12 AM

ORDER NO. : 357921-015

CUSTOMER NO: 4304155

DOMESTIC FILING

NAME: PHQ III LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

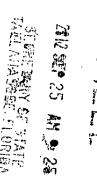
CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Division of C				
SUBJECT: PHQ	III LLC			
SUBJECT.		ited Liability Company		
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
Franklin	S. Mitvalsky			
. , , , , , , , , , , , , , , , , , , ,	<u> </u>	Name of Person	A TOTAL OF THE PROPERTY OF THE	
Califf &	Harper, P.C.			
		Firm/Company		
506 15th	Street, Suite 600			
		Address		
Moline, Illi	nois 61265			
City/State and Zip Code				
fmitvalsky@califf.com				
	E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please call:				
Franklin S. Mitv	alsky	at (309 764-8300		
Nam	e of Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check ✓ \$125.00 Filing Fee	for the following amount: \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy	
	Mailing Address	Street/Courier Address Registration Section	(additional copy is enclosed)	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	REORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company	is:
PHQ III LLC	
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is
Duinainal Court Address	Mailing Addings
Principal Office Address:	Mailing Address:
2426 Indian Pipe Way	2426 Indian Pipe Way
Naples, FL 34105	Naples, FL 34105
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Re- business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Mary Jo England	
Nan	ne
2426 Indian Pip	e Way
Florida street a	address (P.O. Box <u>NOT</u> acceptable)
Naples	_{FL} 34105
City,	State, and Zip

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 (REQUINED)

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	ber
MGRM	Mary Jo England
	2426 Indian Pipe Way Naples, Florida 34105
MGRM	Kathleen Barber
	9333 Riveredge Drive
	Cordova, Tennessee 38018
MGRM	Sarah England-McCullough
**************************************	18175 Viceroy Drive
	San Diego, California 92128
MGRM	Amy Warthen
	5457 S. Independence Street
	Littleton, Colorado 80123
(Use attachment if necessary)
	than the date of filing: (OPTIONAL)
	e must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)
REQUIRED SIGNATURE	:
γ	nor Do Graland
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 that the facts stated herein are true. 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.)

Mary Jo England

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)