

# L12000122967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

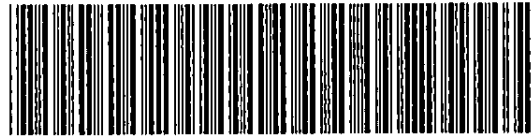
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
12 SEP 25 PM 1:55



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 357921 4304155

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Stephanie Milnes*

ORDER DATE : September 25, 2012

ORDER TIME : 11:13 AM

ORDER NO. : 357921-025

CUSTOMER NO: 4304155

DOMESTIC FILING

NAME: PHQ V 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 Section**  
**Division of Corporations**

SUBJECT: **PHQ V 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:

**Franklin S. Mitvalsky**

Name of Person

**Califf & Harper, P.C.**

Firm/Company

**506 15th Street, Suite 600**

Address

**Moline, Illinois 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. Mitvalsky**

Name of Person

at ( **309** ) **764-8300**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$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 (additional copy is enclosed)

**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 - Name:**

The name of the Limited Liability Company is:

**PHQ V LLC**

(Must end with 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:

**Principal Office Address:**

2426 Indian Pipe Way  
Naples, FL 34105

**Mailing Address:**

2426 Indian Pipe Way  
Naples, FL 34105

**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:

**Mary Jo England**

Name

**2426 Indian Pipe Way**

Florida street address (P.O. Box **NOT** acceptable)

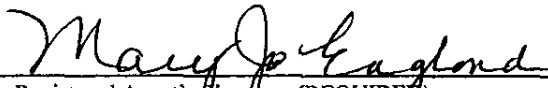
**Naples**

**FL 34105**

City, State, and Zip

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*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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**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 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 signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)