

L13000010840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

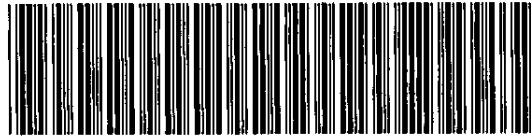
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800244202108

02/01/13--01011--022 \*\*25.00

FILED  
2013 FEB -1 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 4 2013

J. BRYAN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** QV 100, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CINDY MYERS

Name of Person

LOGIX3, LLC

Firm/Company

11512 LAKE MEAD AVE UNIT 104

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

CMYERS@LOGIX3.COM

E-mail address: (to be used for future annual report notification)

FILED  
2013 FEB - 1 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CINDY MYERS

Name of Person

at ( 904 ) 363-9800

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FILED**  
2013 FEB - 1 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is: HV 100, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

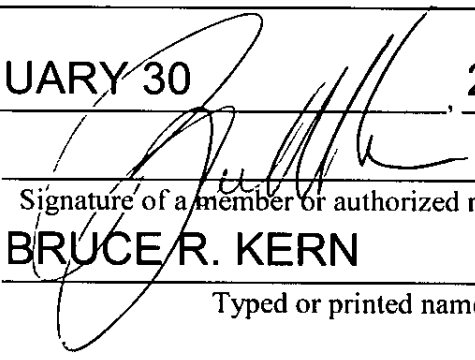
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

NAME OF LLC SHOULD BE: HV 100, LLC

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: JANUARY 30, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**BRUCE R. KERN**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L13000010840  
FILED 8:00 AM  
January 22, 2013  
Sec. Of State  
clewis

**Article I**

The name of the Limited Liability Company is:  
QV 100, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
11512 LAKE MEAD AVENUE  
UNIT 100  
JACKSONVILLE, FL. 32256

The mailing address of the Limited Liability Company is:  
11512 LAKE MEAD AVENUE  
UNIT 100  
JACKSONVILLE, FL. 32256

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
BRUCE KERN  
11512 LAKE MEAD AVENUE  
UNIT 100  
JACKSONVILLE, FL. 32256

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.

Registered Agent Signature: BRUCE KERN

FILED  
2013 FEB -1 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### Article V

The name and address of managing members/managers are:

Title: MGR  
BRUCE KERN  
11512 LAKE MEAD AVENUE, UNIT 100  
JACKSONVILLE, FL. 32256

Title: MGR  
GUY PATTERSON  
10155 BISHOP LAKE ROAD WEST  
JACKSONVILLE, FL. 32256

Signature of member or an authorized representative of a member

Electronic Signature: BRUCE KERN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L13000010840  
FILED 8:00 AM  
January 22, 2013  
Sec. Of State  
clewis

FILED  
2013 FEB -1 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA