

B02000 000409

(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



800009339628

12/16/02--01003--007 **140.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 PM 2:36

UB
12-13-02

CT CORPORATION

December 13, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5743699 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

PFL II, L.P. (DE)
Registration
Florida

Please FILE SECOND.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

RECEIVED
02 DEC 13 AM 11:25
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 PM 2:36
\$ 87.50 - LP
\$ 52.50 - CERT

Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. PFL II, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. October 10, 2002
(State of Formation) (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:
C T Corporation System

Carmen Boyer
(Agent must sign on this line)

8. _____
1209 Orange Street, Wilmington, New Castle County, Delaware 19805
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

PHPGP, LLC MD2000003324 1140 Reservoir Avenue, Cranston, RI 02920

10. 1140 Reservoir Avenue, Cranston, RI 02920
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 13 PM 2:36

12. 1140 Reservoir Avenue, Cranston, RI 02920

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This _____ day of October, 2002

PHPGP, LLC, by: _____

General Partner

STATE OF Rhode Island

COUNTY OF Providence

On this _____ day of October, 20

_____ personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

Sohn M. Bello
(Notary's Printed Name)

Seal

My Commission Expires: 2/13/06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 PM 2:36

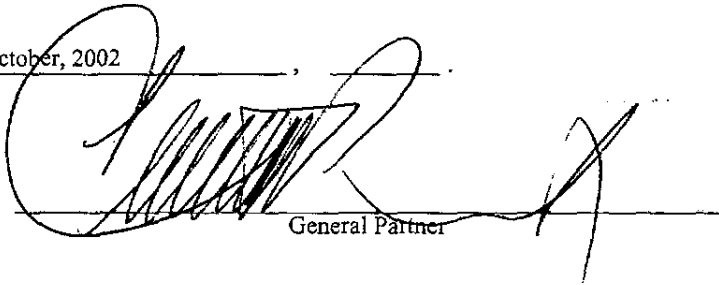
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Elizabeth A. Procaccianti, a Member of PHPGP, LLC,
~~xx~~ general partner of PFL II, L.P., a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 11th day of October, 2002


General Partner

STATE OF Rhode Island

COUNTY OF Providence

On this 11th day of October, 2002

Elizabeth A. Procaccianti, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____


(Notary Public Signature)

John M. Bello
(Notary's Printed Name)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 PM 2:36

Seal

My Commission Expires: 2/13/06