

B07000 000410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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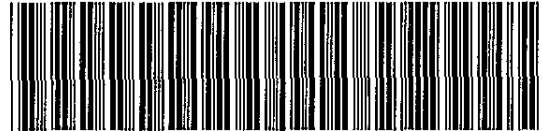
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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JB  
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**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 III, L.P. (DE)  
Registration  
Florida

Please FILE THIRD.

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

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

\$ 87.50-LP  
\$ 52.50-TEXT

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

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

1. PFL III, 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

*Carmin B. B...*  
(Agent must sign on this line)

8. 1209 Orange Street, Wilmington, County of New Castle, 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 <u>MD2000003326</u>	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

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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 11<sup>th</sup> day of October

, 2002

PHPGP, LLC, by:

General Partner

STATE OF Rhode Island

COUNTY OF Providence

On this 11<sup>th</sup> day of October, 20

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of

John M. Bell  
(Notary Public Signature)

John M. Bell  
(Notary's Printed Name)

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My Commission Expires:

2/13/06

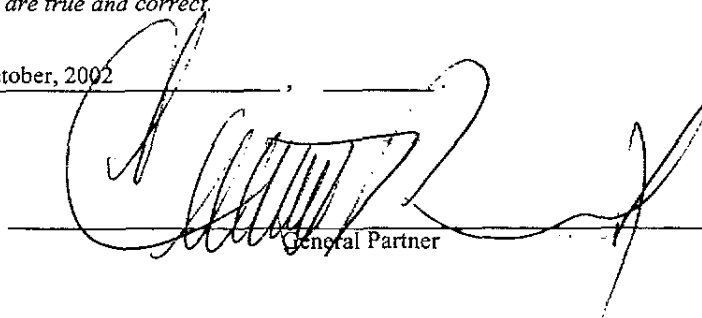
**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED  
PARTNERSHIP**

BEFORE ME the undersigned personally appeared Elizabeth A. Procaccianti, Member of PHPGP, LLC, the  
X general partner of PFL III, 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 11<sup>th</sup> day of October, 2002

  
\_\_\_\_\_  
General Partner

STATE OF Rhode Island

COUNTY OF Providence

On this 11<sup>th</sup> day of October, 2002

\_\_\_\_\_, personally appeared before me,

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

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\_\_\_\_\_  
(Notary Public Signature)  
John M. Bello  
(Notary's Printed Name)

Seal

My Commission Expires: 2/13/06