Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000099850 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

1

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : FOLEY & LARDNER Account Number : 072720000061 Phone : (904)359-2000 Fax Number : (904)359-8700 DIMISION OF CORPORATION

LIMITED LIABILITY COMPANY

PBTG LEASING LLC

Certificate of Status	0
Certified Copy	1
Page Cou n t	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filling

Rubilo Access Help

Fax Audit No H04000099850

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: PBTO LEASING LLC

ARTICLE II - Address:

THE SECONDARY SHADONS The mailing address and street address of the principal office of the Limited Liability Company are: 1501 FLORIDA MANGO BLVD., WEST PALM BEACH, FLORIDA 33406.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DAVID H. BAKER

Name

321 ROYAL POINCIANA PLAZA, SOUTH Florida atreet address (P.O. Box NOT acceptable)

PALM BEACH, FL 33480-0431 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 completed 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.

DAVID H. BAKER

(An additional article must be saided if an effective date is requested)

Signature of a signification or an authorized representative of a member

(In accordance with Section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of parjury that the facts stated herein ere true.)

JOHN T. SEFTON, authorized corresentative Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization 525.00 Designation of Registered Agent \$30.00 Cartified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)

Fax Audit No.: H04000099850