Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(850) 222-1092

Fax Number

: (850)222-9428

LIMITED LIABILITY COMPANY

PFL GP IV, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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Cornerate Filing

J. BRYAN MAY 1 8 2004

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

| | F | OR | |
|---|---|--|---|
| | • | IABILITY COMPANY | 7 |
| ARTICLE I - Nan | | | 42 |
| The name of the Li | mited Liability Company is: | The state of the s | 2 6 |
| | PFL GP IV, LLC | | 18 My |
| ARTICLE II - Ad The mailing addres | dress: s and street address of the pr | incipal office of the Limited Liability Company is: | KILL OF THE OWN OWN OWN OF THE OWN |
| Principal Office A | ddress: | Mailing Address: | , |
| 1140 Reservoir Avenue Cranston, RI 02920 | | | |
| | | | |
| | | 1 | |
| | | | |
| ARTICLE III - R | gistered Agent, Registered | Office, & Registered Agent's Signature: | |
| ARTICLE III - Re | egistered Agent, Registered Porida street address of the re | Office, & Registered Agent's Signature: egistered agent are: | |
| ARTICLE III - Re | egistered Agent, Registered Florida street address of the re C T Corporat | egistered agent are: | |
| ARTICLE III - Re | Plorida street address of the re | egistered agent are: | |
| ARTICLE III - Re | Plorida street address of the re | egistered agent are: | · |
| ARTICLE III - Re | Plorida street address of the re C T Cosporar Name | egistered agent are: | |
| ARTICLE III - ReThe name and the I | Plorida street address of the re C T Cosporar Name | egistered agent are: | |

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, Florida Statutes..

C T Corporation System

Registered Agent's Signature

TRACI HOUCK SPECIAL ASSISTANT SECRETARY

Page 1 of 2 (CONTINUED)

| ama. b | | NY and Address |
|-------------------|--|---|
| Title: | | Name and Address: |
| "MGR" = Manage | | |
| "MGRM" = Mana | ging Member | |
| MGRM | | Elizabeth A. Procaccianti |
| | 1140 Reservoir Avenus | |
| • | | Cranston, RI 02920 |
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| Use attachment if | 'necessary) | |
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| MODE TA STION | nonsi blatcie mu: Jer | st be added if an effective date is requested. |
| REQUIRED SIG | NATURE: | |
| | 11/1/ | //_ |
| | - Victorian Contraction of the C | |
| Signat | ure of a member or | an anthorized representative of a member. |
| (In ace | ordance with section | a 608.408(3), Florida Statutes, the execution |
| of this | document constitute | s an affirmation under the penalties of perjury |
| that th | e tacio stated herein i | LC Uμς.) |
| that th | e facts stated herein : T | are true.) John M. Beilo |

Filing Fees:
\$190.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)