

L060000123285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

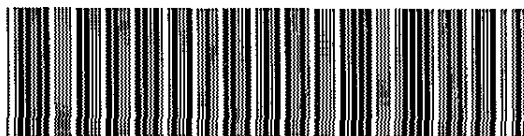
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STATE TARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2006 DEC 29 PM 4:11

FOR APPROVED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 692306 4344659

AUTHORIZATION :

Spuddelean

COST LIMIT : \$ 155.00 --

ORDER DATE : December 29, 2006

ORDER TIME : 2:41 PM

ORDER NO. : 692306-005

CUSTOMER NO: 4344659

FILED
06 DEC 29 PM 1:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
EFFECTIVE DATE
1/1/07

DOMESTIC FILING

NAME: PFL VI HR, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
PFL VI HR, LLC

EFFECTIVE DATE

1/1/07

ARTICLE I – Name

The name of the Limited Liability Company is: PFL VI HR, LLC

ARTICLE II – Effective Date

The effective date of the Limited Liability's Company's existence shall begin on January 1, 2007.

ARTICLE III – Address

The mailing address and street address of the principal office of the Limited Liability Company is:

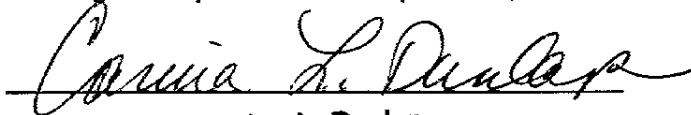
c/o The Procaccianti Group
1140 Reservoir Avenue
Cranston, RI 02920

ARTICLE IV- Registered Agent, Registered Office
& Registered Agent's Signature

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

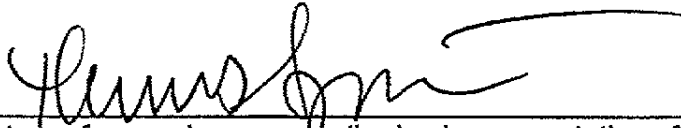
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2607

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 agrees 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 in Chapter 608, Florida Statutes.



Carina L. Dunlap
Asst. Vice President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas J. Surgent

Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)