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DIVISION OF CORPORATIONS

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12-20-2011

NAME:

PRESTON GIULIANO CAPITAL PARTNERS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$160

RETURN:

CERTIFIED COPY AND CERTIFICATE OF GOOD STANDING

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: Preston Giuliano Capital Partners LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert J. Moriarty, Jr.	
	Name of Person
Marsh, Moriarty, Ontell &	Golder, P.C.
	Firm/Company
18 Tremont Street, Suite 9	00
	Address
Boston, Massachusetts 0210	8
Ci	ty/State and Zip Code
rmoriarty@mmoglaw.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call;
Robert J. Moriarty, Jr.	at (617) 778-5100
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	•
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Preston Giuliano Partners LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
c/o H. LeBaron Preston	c/o H. LeBaron Preston
334 Broadway	334 Broadway
Providence, Rhode Island	Providence, Rhode Island
029,09-1102	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Registered Agent Solutions, Inc.

155 Office Plaza Drive, Suite A

Florida street address (P.O. Box NOT acceptable)

Asst. Secretary

FL 32301 City, State, and Zip Tallahassee

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, F.S..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member MGRM	Title;	Name and Address:
MGRM H. LeBaron Preston 334 Broadway Providence, Rhode Island Michael Gluliano 22 Inman Street Cambridge, Massachusetts 02139 (Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing:	"MGR" = Manager	
MGRM Michael Giuliano 22 Inman Street Cambridge, Massachusetts 02139 (Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing:	"MGRM" = Manag	Member
MGRM Michael Giuliano 22 Inman Street Cambridge, Massachusetts 02139 (Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing:	MGRM	H. LeBaron Preston
MGRM Michael Giuliano 22 Inman Street Cambridge, Massachusetts 02139 (Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing:		334 Broadway
(Use attachment if necessary) (TICLE V: Effective date, if other than the date of filing:		Providence, Rhode Island
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days par 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of 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.	MGRM	Michael Giuliano
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:		22 Inman Street
TICLE V: Effective date, if other than the date of filing:		Cambridge, Massachusetts 02139
TICLE V: Effective date, if other than the date of filing:		·
TICLE V: Effective date, if other than the date of filing:		
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REQUIRED SIGNATURE: Signature of a member of 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.	•	•
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Signature of a member of 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.	an effective date is listed	date must be specific and cannot be more than five business days price
Signature of a member of 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.	or 90 days after the date	ling.)
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(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.	<u> </u>	
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.	•	•
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	constitutes I am aware	firmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Robert J. Moriarty, Jr.

Typed or printed name of signee