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15 FEB -2 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Batch FEB -2 2015



February 2, 2015

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re:      Order #: 9428746 SO  
         Customer Reference 1:   None Given  
         Customer Reference 2:   None Given

Dear Secretary of State, Florida :

Please obtain the following:

PATB4 Investos, LLC (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PATSB4 Investors, 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:

Benjamin E. Marcus, Esq.  
Name of Person

Drummond Woodsum  
Firm/Company

84 Marginal Way, Suite 600  
Address

Portland ME 04101-2480  
City/State and Zip Code

bmarcus@dsylvmlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin E. Marcus at ( 207 ) 772-1941  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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:

PATSB4 Investors, 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:

66 STATE RD.  
WESTPORT, MA  
02790

PO Box 248  
WESTPORT, MA  
02790

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:

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City 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 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 605, F.S.*

C T Corporation System

By:

Registered Agent's Signature (REQUIRED)

**Angel Nunez**  
**Assistant Secretary**

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

RICHARD L. LAFRANCE

31 FALLON DR.

WESTPORT, MA 02790

JEFFREY P. PINEAULT

15 CIRCLE DR.

MIDDLETOWN, RI 02842

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Jeffrey P. Pineault

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document 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.817.135, P.S.)

JEFFREY P. PINEAULT

Typed or printed name of signer

**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)

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TALLAHASSEE, FLORIDA