Florida Department of State

Division of Corporations 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.

(((H170001580273)))



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

Tox

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR Account Number : 072720000036 : (407) 843-4600

Hax Mimber (407) 843-4444

**Enter the email address for this business entity to be used for future

FLORIDA LIMITED LIABILITY CO.

PLE TT LLC

ស៊ី ខេស្ត ភេស ខេស្ស ស្ត្រ (១) ស៊ី ខេ ១៨៦ ស៊ីង ភិក្សី (១) ស្ត្រ ស្ត្រី នៅដូចេ	
Certificate of Status	0
Certified Copy	1
Page Count	. 01
Estimated Charge	\$155.00

A sense!

H17000158027 3

ARTICLES OF ORGANIZATION OF PLETT LLC

ARTICLE I - NAME

The name of this limited liability company is PLE TT LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is c/o/Northland Investment Corporation, 2150 Washington Street, Newton, Massachusetts 02462.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1201 Hays Street, Tallahassee, Florida 32301-2525 and the name of the initial registered agent of the Company at that address is Corporation Service Company.

ARTICLE IV -- MANAGEMENT

The Company is a member-managed limited liability company and the initial member of the Company is Southsea Ventures LLC, a Delaware limited liability company, c/o Northland Investment Corporation, 2150 Washington Street, Newton, Massachusetts 02462,

Beth H. Kinsley, Authorized Representative of

ACCEPTANCE OF REGISTERED AGENT

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 striptes 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, Florida Statutes.

Name: Title: Linda Snook

Assistant VP