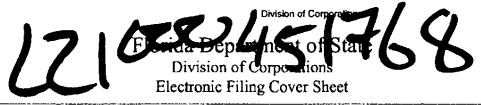
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

TPG Parmers FL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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City

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TPG Parmers FL, LLC		_::			
(Must contain the w	ords "Limited Liability Co	ompany, "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:			
1140 Reservoir Avenue		1140 Reservoir Avenue			
Cranston, Rhode Island 02920)	Cranston, Rhode Island 02920		~>	
4 	· · · · · · · · · · · · · · · · · · ·			2021	
ARTICLE III - Registered Agent, Regis	erve as its own Registered	red Agent's Signature: I Agent. You must designate an individual or		31 130	-
another business entity with an active Flo	ridz registration.)		1 3	_	
			1 7	P::	
another business entity with an active Flo The name and the Florida street address o			1 7	_	

Ilaving 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Florida

State

To: +18506176381

(Use attachment if necessary) E. V: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable startiory filing requirements, this date will not ment's effective date on the Department of State's records. E. VI: Other provisions, if any.	Flile:	Name and Address:	
MGR James A. Procaccianti 1140 Reservoir Avenue Cranston, Rhode Island 0.2920		mner	
MGR Elizabeth A, Procaccianti 1140 Reservoir Avenue Cranston, Rhode Island 02920 Elizabeth A, Procaccianti 1140 Reservoir Avenue Cranston, Rhode Island 02920 E. V.: Effective date, if other than the date of filing: (OPTIONAL) crive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records. E. VI.: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. **Ralaska !/** Rucake** Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		James A. Proceccianti	
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