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(Requestor's Name)
(Address)
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(Cita(Chata 77 or ID) and 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dogwood Number)
(Document Number)
Certified Copies Certificates of Status
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12/13/02--01022--027 **155.00





CT CORPORATION

December 13, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5743699 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

PHPGP, LLC (DE) Registration Florida

Please FILE FIRST.___

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel, 850 222 1092 Fax 850 222 7615)2 DEC 13 PM 1:36

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

PHPGP, LLC	,,	· · · · · · · · · · · · · · · · · · ·		
(Name of foreign	ı lin	nited liability company)		<u></u>
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3.	applied for (FEI number, if applicable)		
October 10, 2002 (Date of Organization)	5.	perpetual (Duration: Year limited liability company vexist or "perpetual")	vill cease to	<u> </u>
upon filing (Date first transacted business in Florida. (Se	ee se	ections 608.501, 608.502, and 817.155, F.S.)		
1140 Reservoir Avenue, Cranston, RI 02920				<u></u>
(Street addres	s of	principal office)		_
If limited liability company is a manager-managed	d co	ompany, check here	T- (c:	30
The usual business addresses of the managing me	mb	ers or managers are as follows:		UEU.
1140 Reservoir Avenue, Cranston, RI 02920	. ,		1.33.53	
				_ - : _သ
Attached is an original certificate of existence, no more than 9 jurisdiction under the law of which it is organized. (A photoconslation of the certificate under oath of the translator must be sufficiently of business of purposes to be conducted for	pyi bmi	s not acceptable. If the certificate is in a foreign 1 ted.)	custody of r anguage, a	record
Nature of business or purposes to be conducted of lodging	or p	remoted in Florida:	:	_·
Signature of a member or an ar (In accordance with section 608.408(3), an affirmation under the penalties of per	F.S.	orized representative of a member. the execution of this document constitutes that the facts stated herein are true.)		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name o	f the Limited Liability Compan	y is:				
PHPGP,	LLC					
2. The name a	nd the Florida street address of	the registere	d agent and offic	e are:		• • • •
	CT Corporation System	n				
		(Name)	ş	2.7	. .	
	1200 S. Pine Island R	Rđ.	··			
	Florida street address	(P.O. Box NO	T ACCEPTABLE)			: '
	Plantation		33324		7. E	<i></i>
_		FL	· · · ·	!	是是	כ
City/State/Zip SSE → ω						= >-
			•			<u> </u>
liability compar agent and agree relating to the p	med as registered agent and to act of the place designated in this contact to act in this capacity. I further roper and complete performance by position as registered agent as	certificate, I h agree to com of my duties,	ereby accept the operation ply with the proving and I am familia	appointment as isions of all stat r with and acce	mited Fegistéred futes	

(Signature)
Connie Bryan, Special Asst. Secy.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHPGP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

3578965

8300

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2141816

020763840 DATE: 12-12-02