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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode

The name of the limite	d liability company is:		
Liberty Labor LLC			
The name, if different,	under which it proposes to registe	r and transact business in Rh	node Island is:
The limited liability cor	mpany is organized under the laws		
The date of its organiz	zation is		
The period of duration	of the limited liability company is		tual
The address of the lim	nited liability company's resident a		
222 Jefferson Boulevar	rd, Suite 200		, RI <u>02888</u> (Zip Code)
(Street	Address, not P.O. Box)	(City/Town)	,-,
		Corporation Service Company	· · · · · · · · · · · · · · · · · · ·
	esident agent at such address is _		
The secretary of state time there is no reside	e is appointed the agent of the fo ent agent or if the resident agent o	reign limited liability compar annot be found or served fol	ly for service of process if at lowing the exercise of reasona
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	 Management of the Limited Liability Company: A. The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.) Or B. The limited liability company is to be managed v by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.) 				
_ <u>K</u>	<u>Manager</u> arl Gundersen	Address 19 Charlemont Road, Medford, MA 02155			
11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized. Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.					
Dat	e: <u>2/2/09</u>	Liberty Labor, LLC Print Exact Name of Limited Liability Company Making Application By Signature of authorized person			



The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

January 16, 2009

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

LIBERTY LABOR, LLC

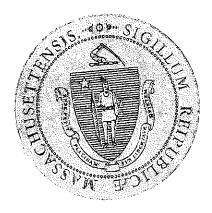
in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 23, 2006.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **LESTER NAPACH**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: LESTER NAPACH



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

