Filing Fee: \$150.00 ID Number: _____



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, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

Isla	and, and for that purpose submits the following statement:				
1.	The name of the limited liability company is: 99 West, LLC				
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:				
3.	The limited liability company is organized under the laws of Massachusetts				
4.	. The date of its organization is November 14, 1975				
5.	The period of duration of the limited liability company is (if perpetual, so state) perpetual				
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	10 Weybosset Street	Providence	, RI	02903	
	(Street Address, <u>not</u> P.O. Box)	(City/Town)		(Zip Code)	
	and the name of the resident agent at such address is	C T Corporation System (Name of Agent)			
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.				
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
	160 Olympia Avenue				
	Woburn MA 01801				
9.	The mailing address for the limited liability company is:				
	160 Olympia Avenue				
	Woburn MA 01801				
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Management of the Limited Liability Company:				
A. The limited liability company is no. 11.)	to be managed by its members. (If you have checked this box, go to item			
	<u>or</u>			
B. The limited liability company is to be managed 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>Manager</u>	<u>Address</u>			
Brent B. Bickett	601 Riverside Avenue Jacksonville FL 32204			
Timothy T. Janszen	21 Waterway Avenue The Woodlands TX 77380			
Hazem Ouf	3038 Sidco Drive Nashville TN 37204			
George P. Scanlon	601 Riverside Avenue Jacksonville FL 32204			
11. This application is accompanied b authorized officer of the jurisdiction	y a certificate of good standing duly authenticated by the secretary of state or other nunder 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.			
Date: 05/10/2012	99 West, LLC Print Exact Name of Limited Liability Company Making Application By Signature of authorized person Goodloe M. Partee, Authorized Officer			



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

May 7, 2012

TO WHOM IT MAY CONCERN:

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

99 WEST, LLC

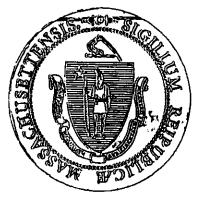
in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 4, 2012.

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: BRENT B. BICKETT, TIMOTHY JANSZEN, HAZEM OUF, GEORGE P. SCANLON

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: BRENT B. BICKETT, TIMOTHY JANSZEN, HAZEM OUF, GEORGE P. SCANLON, GOODLOE M. PARTEE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: GOODLOE M. PARTEE



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Ellean Travino Gallein

Processed By:TAA

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