ID Number: _____ Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

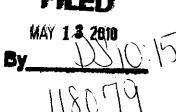
Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

	The name of the limited liability company is:			
	MTM Tiogue, LLC			
	The address of the limited liability company's resident age	ent in Rhode Island is:		
	2091 Nooseneck Hill Road	Coventry	, RI	02816
	(Street Address, not P.O. Box)	(City/Town)	 	(Zip Code)
		Paul P. Mihailides		
	and the name of the resident agent at such address is	(Name o	f Agent)	· · · · · · · · · · · · · · · · · · ·
	Under the terms of these Articles of Organization and any the limited liability company is intended to be treated for p (Check one	written operating agreeme urposes of federal income box only)	ent made o taxation a	s:
	the limited liability company is intended to be treated for p (Check one a partnership \underline{or} a partnership \underline{or} a corporation \underline{or}	written operating agreeme urposes of federal income box only) disregarded as an	ent made of taxation as entity sep	s: arate from its member
	the limited liability company is intended to be treated for p (Check one	written operating agreeme urposes of federal income box only) disregarded as an	ent made of taxation as entity sep	s: arate from its member
l.	the limited liability company is intended to be treated for p (Check one a partnership or a corporation or The address of the principal office of the limited liability co 2091 Nooseneck Hill Road, Coventry, RI 02816	written operating agreeme urposes of federal income box only) disregarded as an ompany if it is determined a	ent made of taxation as entity sep	s: arate from its member
	the limited liability company is intended to be treated for p (Check one a partnership or a corporation or The address of the principal office of the limited liability co	written operating agreeme urposes of federal income box only) disregarded as an ompany if it is determined a	ent made of taxation as entity sep	s: arate from its membe(

Form No. 400 Revised: 09/06



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 filling of these Articles of Organization, state the name address of each manager.) Manager Paul P. Mihailides 2091 Nooseneck Hill Road, Coventry, RI 02816 8. The date these Articles of Organization are to become effective, if later than the date of filing, is: (not prior to, nor more than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: Scott P. Consoli, Esq. Ford & Paulekas, LLP 280 Trumbull Street, Ste.2200, Hartford, CT 06103 Under penalty of perjury. I declare and affirm that I examined these Articles of Organization, including accompanying attachments, and that all statements conherein are true and correct.	6.	Organization, including, but not limited	stent with law, which the members elect to have set forth in these Articles of to, any limitation of the purposes or duration for which the limited liability ion which may be included in an operating agreement:			
A. The limited liability company is to be managed by its members. (If you have checked this box, go to no. 8.) Or 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 filling of these Articles of Organization, state the name address of each manager.) Manager Paul P. Mihallides 2091 Nooseneck Hill Road, Coventry, RI 02816 8. The date these Articles of Organization are to become effective, if later than the date of filling, is: (not prior to, nor more than 30 days after, the filling of these Articles of Organization) Name and Address of Authorized Person: Scott P. Consoli, Esq. Ford & Paulekas, LLP 280 Trumbull Street, Ste. 2200, Hartford, CT 06103 Under penalty of perjury, I declare and affirm that I examined these Articles of Organization, including accompanying attachments, and that all statements comberning are true and correct.						
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- 05/12/2010 Auth- (MAN)			Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained berein are true and correct.			
Date: Signature of Authorized Person	Da	te:	Scott F. Consoli			



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

