



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Federal Employer Identification Number: 001089737 (must be 9 digits)

1. The exact name of the limited liability company is: PETER PICKNELLY GAMING LLC

2a. Location of its principal office:

No. and Street: 1776 MAIN STREET
 City or Town: SPRINGFIELD State: MA Zip: 01103 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 1776 MAIN STREET
 City or Town: SPRINGFIELD State: MA Zip: 01103 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE NATURE OF THE BUSINESS IS AN INVESTMENT HOLDING COMPANY AND TO CONDUCT AND ENGAGE IN AND CARRY ON ANY LAWFUL BUSINESS, TRADE, PURPOSE OR ACTIVITIES.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: PAUL M. MALECK, ESQ.
 No. and Street: DOHERTY, WALLACE, PILLSBURY AND MURPHY, P.C.
ONE MONARCH PLACE, SUITE 1900
 City or Town: SPRINGFIELD State: MA Zip: 01144-1900 Country: USA

I, PAUL M. MALECK, ESQ. resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	PETER A. PICKNELLY	1776 MAIN STREET SPRINGFIELD, MA 01103 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name	Address (no PO Box)
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First, Middle, Last, Suffix

Address, City or Town, State, Zip Code

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	PETER A. PICKNELLY	1776 MAIN STREET SPRINGFIELD, MA 01103 USA

9. Additional matters:

NONE

**SIGNED UNDER THE PENALTIES OF PERJURY, this 9 Day of October, 2012,
PETER A. PICKNELLY**

(The certificate must be signed by the person forming the LLC.)

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 09, 2012 05:09 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth