



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: 001101586 (must be 9 digits)

1. The exact name of the limited liability company is: POST OFFICE SQUARE ACTON, LLC

2a. Location of its principal office:

No. and Street: 121 LORING AVENUE
SUITE 342
City or Town: SALEM State: MA Zip: 01970 Country: USA

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

No. and Street: 121 LORING AVENUE
SUITE 342
City or Town: SALEM State: MA Zip: 01970 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 GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO PURCHASE, DEVELOP, OWN, HOLD AS AN INVESTMENT, AND SELL REAL ESTATE, AND GENERALLY, TO ENGAGE IN THE REAL ESTATE BUSINESS; AND GENERALLY TO DO ALL THINGS THAT MAY BE NECESSARY TO THE CONDUCTING OF SAID BUSINESS AND IN GENERAL TO CARRY ON ANY OTHER BUSINESS IN CONNECTION WITH THE FOREGOING AND TO HAVE AND EXERCISE ALL THE POWERS CONFERRED UPON LIMITED LIABILITY COMPANIES BY THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, AND OR DO ALL AND EVERYTHING NECESSARY, SUITABLE AND PROPER FOR THE ACCOMPLISHMENT OF ANY OF THE PURPOSES OR THE ATTAINMENT OF ANY OF THE OBJECTS HEREINBEFORE SET FORTH, EITHER ALONE OR IN ASSOCIATION WITH OTHER LIMITED LIABILITY COMPANIES, FIRMS OR INDIVIDUALS AND TO EVERY ACT OR ACTS, THING OR THINGS INCIDENTAL OR APPURTENANT TO OR CONNECTED WITH THE FOREGOING PURPOSES OR POWER OF ANY PARTY THEREOF SO FAR AS THE SAME BE NOT INCONSISTENT WITH THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: PHILIP S. SINGLETON
No. and Street: 12 CHARING CROSS
City or Town: LYNNFIELD State: MA Zip: 01940 Country: USA

I, **PHILIP S. SINGLETON** 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	PHILIP S. SINGLETON	121 LORING AVENUE SALEM, MA 01970 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 First, Middle, Last, Suffix	Address (no PO Box) 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	PHILIP S. SINGLETON	121 LORING AVENUE SALEM, MA 01970 USA

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 7 Day of March, 2013,
PHILIP S. SINGLETON

(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:

March 07, 2013 01:38 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