

**FIFTH:**

The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent

CRA Public Number: \_\_\_\_\_

\_\_\_\_\_  
(Name of commercial registered agent)

Noncommercial Registered Agent

Paul Farrell

\_\_\_\_\_  
(Name of noncommercial registered agent)

35 Cumberland Ave Portland ME 04101

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**SIXTH:**

Pursuant to 5 MRSA §105.2, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

**SEVENTH:**

Other matters the members determine to include are set forth in the attached Exhibit \_\_\_\_\_, and made a part hereof.

**\*\*Authorized person(s)**

Dated 7/12/16



(Signature of authorized person)

PAUL FARRELL

(Type or print name of authorized person)

\_\_\_\_\_  
(Signature of authorized person)

\_\_\_\_\_  
(Type or print name of authorized person)

**\*Examples of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7)**

**\*\*Pursuant to 31 MRSA §1676.1.A, Certificate of Formation MUST be signed by at least one authorized person.**

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101  
Telephone Inquiries: (207) 624-7752

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)