



**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)

Identification Number: 001411496

1. The exact name of the limited liability company is: VILLAGE AT BRICK KILN, LLC

2a. Location of its principal office:

No. and Street: 1094 BLUE HILL AVENUE
City or Town: MILTON State: MA Zip: 02186 Country: USA

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

No. and Street: 1094 BLUE HILL AVENUE
City or Town: MILTON State: MA Zip: 02186 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:

THIS LLC IS INTENDED TO SERVE AS A LIMITED DIVIDEND ORGANIZATION UNDER M.G.L. C HAPTER 40B. IT HAS BEEN FORMED FOR THE PURPOSE OF QUALIFYING AS A LIMITED DIVI DEND ORGANIZATION AS DEFINED IN THE CODE OF MASSACHUSETTS REGULATIONS, AN D FOR THE PURPOSES OF BUYING, SELLING, HOLDING, DEVELOPING, MANAGING, LEASIN G AND IN ANY OTHER MANNER DEALING IN REAL ESTATE AND SHALL ENGAGE IN SUCH O THER ACTIVITIES AS MAY BE NECESSARY OR INCIDENTAL TO THE FOREGOING BUSINESS ACTIVITY. THE COMPANY SHALL ALSO HAVE AUTHORITY TO ENGAGE IN ANY OTHER LAW FUL BUSINESS, TRADE, PURPOSE OR ACTIVITY PERMITTED BY THE ACT.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: MICHAEL SOLIMANDO, JR.
No. and Street: 1094 BLUE HILL AVENUE
City or Town: MILTON State: MA Zip: 02186 Country: USA

I, MICHAEL SOLIMANDO, JR. 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	MICHAEL SOLIMANDO JR.	1094 BLUE HILL AVENUE MILTON, MA 02186 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
SOC SIGNATORY	MICHAEL SOLIMANDO JR.	1094 BLUE HILL AVENUE MILTON, MA 02186 USA

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	MICHAEL SOLIMANDO JR.	1094 BLUE HILL AVENUE MILTON, MA 02186 USA

9. Additional matters:

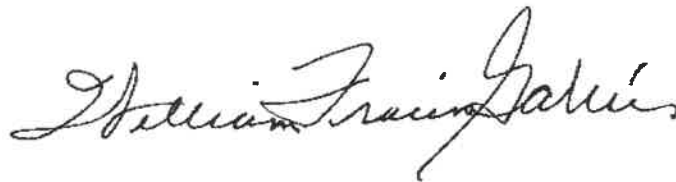
SIGNED UNDER THE PENALTIES OF PERJURY, this 15 Day of November, 2019,
MICHAEL SOLIMANDO JR.

(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:

November 15, 2019 10:25 AM

A handwritten signature in cursive script, reading "William Francis Galvin". The signature is written in black ink and is centered on the page.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth