## MAINE LIMITED LIABILITY COMPANY

STATE OF MAINE

## CERTIFICATE OF FORMATION

Pursuant to 31 MRSA \$1531, the undersigned executes and delivers the following Certificate of Formation: FIRST: The name of the limited liability company is: 326 Roosevelt Trail, LLC (A. limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," or "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "3c" – see 31 MRSA 1508.) SECOND: Filing Date: (select one) Date of this filing; or Later effective date (specified here): \_\_\_ THIRD: Designation as a low profit LLC (Check only if applicable): This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here: A. The company intends to qualify as a low-profit limited liability company; B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further, C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor. FOURTH: Designation as a professional LLC (Check only if applicable): This is a professional limited liability company\* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services: (Type of professional services) Form No. MLLC-6 (1 of 2)

	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 Nathaniel R. Huckel-Bauer, Esq.				
					(Name of noncommercial registered agent)
		c/o Drummond & Drummond, LL	Drummond, LLP, One Monument Way, Portland, Maine 04101		
		(physical location, not	(physical location, not P.O. Box - street, city, state and zip code)		
	(mailing address if different from above)		ddress if different from above)		
	SIXTH:	Pursuant to 5 MRSA §105.2, the registered agent listed above has consented to serve as the registered a for this limited liability company.			
SEVENTH:	Other matters the members determine to include are set forth in the attached Exhibit, and made a part here				
**Authorized	person(s)	1. 10	Dated November 21, 2012		
**Authorized	Pperson(s)	(Significant Scientific read person)			
**Authorized	Pperson(s)	(Signature of authorized person)	Nathaniel R. Huckel-Bauer, duly authorized agen		
**Authorized	P person(s)	(Signihus Aserutho (200 person)	Nathaniel R. Huckel-Bauer, duly authorized agen (Type or print name of authorized person)		
*Examples of	f profession	(Signature of authorized person)	Nathaniel R. Huckel-Bauer, duly authorized agen (Type or print name of authorized person)  (Type or print name of authorized person)		
*Examples of veterinarians.	f profession (This is no	(Signature of authorized person)  (Signature of authorized person)  all service limited liability companies are tan inclusive list – see 13 MRSA §723.7)	Nathaniel R. Huckel-Bauer, duly authorized agen (Type or print name of authorized person)  (Type or print name of authorized person)		
*Examples of veterinarians.*  **Pursuant to	f professio (This is not 31 MRSA	(Signature of authorized person)  (Signature of authorized person)  all service limited liability companies are at an inclusive list—see 13 MRSA §723.7)  §1676.1.A, Certificate of Formation MUST	Nathaniel R. Huckel-Bauer, duly authorized agen (Type or print name of authorized person)  (Type or print name of authorized person)  accountants, attorneys, chiropractors, dentists, registered nurses		
*Examples of veterinarians. ( **Pursuant to The execution	f profession (This is not 31 MRSA of this cer	(Signature of authorized person)  (Signature of authorized person)  all service limited liability companies are at an inclusive list—see 13 MRSA §723.7)  §1676.1.A, Certificate of Formation MUST	Nathaniel R. Huckel-Bauer, duly authorized agen (Type or print name of authorized person)  (Type or print name of authorized person)  accountants, attorneys, chiropractors, dentists, registered nurses be signed by at least one authorized person.  der the penalties of false swearing under 17-A MRSA §453.		

Form No. MLLC-6 (2 of 2) Rev. 10/31/2012