



**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:** *(number will be assigned)*

**1. The exact name of the limited liability company is:** 41 NORTH MAIN LLC

**2a. Location of its principal office:**

No. and Street: 23 HUNTING LANE  
City or Town: SHERBORN State: MA Zip: 01770 Country: USA

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

No. and Street: 23 HUNTING LANE  
City or Town: SHERBORN State: MA Zip: 01770 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 own (directly or through a nominee), invest in, develop, construct, improve, operate, manage, lease and/or sell real estate in Commonwealth of Massachusetts. To engage in any activities directly or indirectly related or incidental thereto including, but without limitation, everything necessary, suitable, convenient, or proper for the accomplishment of any of the foregoing activities, or the attainment of any one or more of the purposes, enumerated or incidental to the powers named, or which shall at any time appear conducive to or expedient for the production of benefit to the corporation, either as the holders of or interested in any property, or otherwise, with all the powers now or hereafter conferred by law.

**4. The latest date of dissolution, if specified:**

**5. Name and address of the Resident Agent:**

Name: IGOR LYBARSKY  
No. and Street: 23 HUNTING LANE  
City or Town: SHERBORN State: MA Zip: 01770 Country: USA

I, IGOR LYBARSKY 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:**

Name	Address (no PO Box) Address, City or Town, State, Zip Code
IGOR LYBARSKY	23 HUNTING LANE SHERBORN, MA 01770 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.

Name	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:

Name	Address (no PO Box) Address, City or Town, State, Zip Code
IGOR LYBARSKY	23 HUNTING LANE SHERBORN, MA 01770 USA

9. Additional matters:

**Filler's Contact Information**

(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name: ANNA SLYUZBERG

Business Name: BORIS B. MAIDEN, ATTORNEY AT LAW

No. and Street: 14 WEBSTER STREET

City or Town: BROOKLINE

State: MA

Zip: 02446

Country: USA

Contact Phone: (617) 739-6977 ext:

Contact Email: ASLYUZBERG@BMAIDENLAW.COM

Please provide an email address to receive an expedited response from the Corporations Division.

If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.

**SIGNED UNDER THE PENALTIES OF PERJURY, this 14 Day of November, 2019,**  
IGOR LYBARSKY

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