			Filing Fee \$80.00		
LIM	AITED L	IABILITY COMPANY			
	STA	TE OF MAINE			
RI	OF I	ED CERTIFICATE FORMATION r a Maine LLC)	Deputy Secretary of State		
as it :		Limited Liability Company te record of the Secretary of State)	A True Copy When Attested By Signature		
			Deputy Secretary of State		
Pursuant to 31	MRSA §1:	532, the undersigned limited liability compar	ny delivers the following restated certificate of formation:		
FIRST:	The name of the limited liability company has been changed to (if no change, so indicate):				
	(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "13c" – see 31 MRSA 1508)				
SECOND:	The date of filing of the initial certificate of formation:				
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 qualifier:				
		A. The company intends to qualify as a le	ow-profit limited liability company;		
		or educational purposes within the r	icantly further the accomplishment of one or more of the charitable neaning of Section 170(c)(2)(B) of the Internal Revenue Code of or succeeded, and must list the specific charitable or educational		
		fact that a person produces significa-	ny is the production of income or the appreciation of property. The ant income or capital appreciation is not, in the absence of other significant purpose involving the production of income or the		
			eccomplish one or more political or legislative purpose within the laternal Revenue Code of 1986, or its successor.		
FOURTH:	Designation as a professional limited liability company (Check only if applicable):				
		This is a professional limited liability complete following professional services:	pany* formed pursuant to 13 MRSA Chapter 22-A to provide the		

FIFTH:	The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)				
		Commercial Registered Agent	CRA Public Number:		
		(name of com	(name of commercial registered agent)		
		Noncommercial Registered Agent (name of noncommercial registered agent) (physical location, not P.O. Box – street, city, state and zip code) (mailing address if different from above)			
Pursuant to 5 MRSA §§105.2 or 108.3, the registered agent as listed above has consented to serve as the reagent for this limited liability company.					
SEVENTH:	VENTH: Other matters the members determine to include are set forth in the attached Exhibit, and made a part he				
**Authorized	Person(s)		Dated:		
(signature)			(type or print name and capacity) (type or print name and capacity)		
				(signature)	
_	-	al service limited liability companies are acom inclusive list – see 13 MRSA §723)	countants, attorneys, chiropractors, dentists, registered nurses and		
**Pursuant to 3	31 MRSA §	1676.1B, this statement MUST be signed by	a person authorized by the limited liability company.		
The execution	of this certi	ficate constitutes an oath or affirmation under	the penalties of false swearing under 17-A MRSA §453.		
Please remit yo	our payment	made payable to the Maine Secretary of Stat	e.		
Submit comple	ted form to	Secretary of State Division of Corporations, UCC a	and Commissions		

Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:					
Optional special handling request(s): (check on	aly if applicable)				
Hold attested copy for pick up (will b	be required to pick up at our office in Augusta, Maine)				
24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity				
Immediate expedited filing (same bus	siness day): \$100 additional filing fee per entity				
NOTE: Only one expedite fee is required if filing	multiple documents for the same entity/charter number at the same time				
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.				
Total fee(s)) enclosed: \$				
(Name of contact person)	(Daytime telephone number)				
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)				
Name and address of person to return the atteste	ed copy of the completed filing:				
(Nan	ne of attested copy recipient)				
	(Firm or Company)				
	(Mailing Address)				
	(City, State & Zip)				

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
111 Sewall Street, 4th Floor
Augusta, ME 04330