

**STANDARD LEASE CONVERSION APPLICATION: NON-DISCHARGE**

This application is to convert an existing experimental lease to a standard lease. The site currently exists, and the conversion process prohibits the applicant from making changes to what is currently authorized. Since changes cannot be made during this process, please refer to the experimental lease decision for a description of the site and what is currently authorized. Lease decisions are available at the link below. The holder will be required to hold a scoping session on this conversion request. Members of the public are encouraged to review this application prior to the scoping session, so they can provide feedback to the applicant. The applicant will eventually be required to submit a final application to the Department, which will be subject to a comment period and possible public hearing.

Additional information about the leasing process including copies of lease decisions is available at: <https://www.maine.gov/dmr/aquaculture>

**1. APPLICANT INFORMATION****A. CONTACT PERSON**

|                                 |                             |
|---------------------------------|-----------------------------|
| <b>Name of Lease Holder(s):</b> | Summit Point LLC            |
| <b>Contact Person:</b>          | John Clapp                  |
| <b>Email:</b>                   | john@summitpointseafood.com |
| <b>Telephone:</b>               | 207-352-1820                |

**B. MAILING ADDRESS**

|                        |              |
|------------------------|--------------|
| <b>Street Address:</b> | 276 Shore Rd |
| <b>City:</b>           | Bremen       |
| <b>State:</b>          | ME           |
| <b>Zip Code:</b>       | 04551        |

**C. PHYSICAL ADDRESS**

☒ Same as mailing address

|                        |  |
|------------------------|--|
| <b>Street Address:</b> |  |
| <b>City:</b>           |  |
| <b>State:</b>          |  |
| <b>Zip Code:</b>       |  |

**D. PAYMENT METHOD**

|                                                                                |
|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card |
|--------------------------------------------------------------------------------|

**E. APPLICATION TYPE**

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Draft Application <input type="checkbox"/> Final Application |
|--------------------------------------------------------------------------------------------------|

**F. PRE-APPLICATION MEETING**

|                                   |         |
|-----------------------------------|---------|
| <b>Date the meeting was held:</b> | 7/20/26 |
|-----------------------------------|---------|

**G. SCOPING SESSION**

|                                   |  |
|-----------------------------------|--|
| <b>Date scoping session held:</b> |  |
|-----------------------------------|--|

**2. PROPOSAL INFORMATION****A. LEASE INFORMATION**

|                                    |           |
|------------------------------------|-----------|
| <b>Experimental Lease Site ID:</b> | CASLB2x   |
| <b>Town where site is located:</b> | Chebeague |
| <b>Lease Term Requested:</b>       | 20        |

**B. INTERTIDAL SITE**

|                                                               |                                                                     |
|---------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Is any portion of the lease site above mean low water?</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------------------------------------------------------|---------------------------------------------------------------------|

### 3. WATER QUALITY

#### A. GROWING AREA CLASSIFICATION

|                                                                                                                                                                                                              |                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Growing Area Designation</b>                                                                                                                                                                              | WI                                                                                                                                                                                                                                        |
| <b>Growing Area Classification</b>                                                                                                                                                                           | <input checked="checked" type="checkbox"/> Approved<br><input type="checkbox"/> Conditionally Approved<br><input type="checkbox"/> Restricted<br><input type="checkbox"/> Conditionally Restricted<br><input type="checkbox"/> Prohibited |
| If you are proposing to grow molluscan shellfish in waters classified as anything other than open/approved, you must contact: <a href="mailto:DMRPublicHealthDiv@maine.gov">DMRPublicHealthDiv@maine.gov</a> |                                                                                                                                                                                                                                           |

#### B. BIRD DETERRENTS

|                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To comply with the National Shellfish Sanitation Program (NSSP) Model Ordinance (MO), DMR is requiring that applications for the suspended culture of shellfish include a description of mitigation or deterrent measures to minimize the potential pollution impacts of birds at the proposed site. Use the space below to list your mitigation or deterrent measures:</b> |
| N/A                                                                                                                                                                                                                                                                                                                                                                            |

### 4. OPERATIONS

#### A. OTHER AQUACULTURE SITES

##### 1. Limited Purpose Aquaculture (LPA) License(s)

|                                                                                 |    |
|---------------------------------------------------------------------------------|----|
| <b>Are there any LPA licenses within the boundaries of the site?</b>            | No |
| <b>If yes, provide the LPA site ID(s)</b>                                       |    |
| <b>Are there any LPA sites within 1,000 feet of the boundaries of the site?</b> | No |
| <b>If yes, provide the LPA site ID(s)</b>                                       |    |

**2. Experimental Aquaculture Lease(s)**

|                                                                                               |         |
|-----------------------------------------------------------------------------------------------|---------|
| <b>Is there any other experimental lease within 1,000 feet of the boundaries of the site?</b> | Yes     |
| <b>If yes, provide the experimental lease site ID</b>                                         | CAS LBx |

**3. Standard Aquaculture Lease(s)**

|                                                                                   |    |
|-----------------------------------------------------------------------------------|----|
| <b>Is there a standard lease within 1,000 feet of the boundaries of the site?</b> | No |
| <b>If yes, provide the standard lease site ID</b>                                 |    |

**B. TECHNICAL CAPABILITY**

| <b>Does the holder(s) of this site hold any other existing aquaculture sites?</b>                                             |                                                                                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>If yes, please complete the table below for each aquaculture site held. Please attach additional entries as necessary.</b> |                                                                                                                       |                                                                     |                                                                             |
| <b>Name of Holder</b>                                                                                                         | <b>Type of Site</b>                                                                                                   | <b>Site ID</b>                                                      | <b>Acreage (if a lease)<br/><i>Do not provide a size for LPA sites.</i></b> |
| Summit Point                                                                                                                  | <input type="checkbox"/> Experimental<br><input checked="" type="checkbox"/> Standard<br><input type="checkbox"/> LPA | CAS SI2, CAS NI                                                     | 10.37, 9.25                                                                 |
| Summit Point                                                                                                                  | <input checked="" type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA | CAS LBx                                                             | 3.88                                                                        |
| John Clapp                                                                                                                    | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input checked="" type="checkbox"/> LPA | JCLA421, JCLA 221,<br>JCLA321, JCLA421                              |                                                                             |
| Beatrice Helman                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input checked="" type="checkbox"/> LPA | BHEL426,<br>BHEL526, BHEL626                                        |                                                                             |
| Mimi's Oysters                                                                                                                | <input type="checkbox"/> Experimental<br><input checked="" type="checkbox"/> Standard<br><input type="checkbox"/> LPA | CAS BC2                                                             | 3.59                                                                        |
|                                                                                                                               | <input type="checkbox"/> Experimental<br><input type="checkbox"/> Standard<br><input type="checkbox"/> LPA            |                                                                     |                                                                             |

**List your skills and experiences working on the water:**

I have been oyster farming since 2016, and operating my own farm since 2021. We started growing kelp in 2025 with Summit Point. I have worked on the water my entire life.

**C. COMPLIANCE HISTORY**

|                                                                                                             |                                                                     |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Have you been convicted of violating any state or federal marine resource laws?</b>                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>Have you been adjudicated to be responsible for violating any state or federal marine resource laws?</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**D. FINANCIAL ESTIMATES**

|                                                                                                                                      |                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Use the space below to provide requested cost estimates of the aquaculture activities, if approved, as they relate to this proposal. |                                          |
| <b>Annual Lease Rent</b>                                                                                                             | \$387.00                                 |
| <b>Annual DMR Licensing Fees</b>                                                                                                     | \$133.00                                 |
| <b>Annual cost to maintain the bond or commitment amount for the escrow account</b>                                                  | \$100.00                                 |
| <b>Annual Equipment Costs</b>                                                                                                        | \$20,000 for moorings, tackle, and buoys |
| <b>Annual Maintenance Costs</b>                                                                                                      | \$2,000                                  |

**5. RIPARIAN OWNER NOTIFICATION**

|                                                                                                                                                                  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Is the site within 1,000 feet of shorefront land (which extends to mean low water or 1,650 feet from shore, whichever is less, according to NOAA charts).</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

**If yes, please submit the following:**

☐ Include a completed riparian landowner list. If the site is in more than one municipality, you need to submit separate lists for each town/city.

☐ Make sure the list is certified by the municipality. The person certifying the list on behalf of the municipality should review the tax records and is typically the town clerk, tax assessor, or other individual familiar with these records.

☐ Include a tax map that displays the: town name, parcels numbered clearly, legible scale, and boundaries of the proposed lease site.

## RIPARIAN LANDOWNER LIST

Using municipal tax records, complete the table below for all riparian shorefront parcels within 1,000 feet of the proposed lease site. **It is the applicant's responsibility to assemble the information for the municipality to certify.** The municipality only certifies that the information is correct according to the town's tax records. Once you have completed the form, ask the municipality to complete the certification section below. Attach additional pages as necessary.

|                              |  |
|------------------------------|--|
| <b>Name of Municipality:</b> |  |
|------------------------------|--|

| Tax Map Number | Lot Number | Name of Landowner(s) | Mailing Address<br>(based on municipal tax records) |
|----------------|------------|----------------------|-----------------------------------------------------|
|                |            |                      |                                                     |
|                |            |                      |                                                     |
|                |            |                      |                                                     |
|                |            |                      |                                                     |
|                |            |                      |                                                     |
|                |            |                      |                                                     |

### Town Certification

By signing below, I am certifying on behalf of the municipality listed above that the names and addresses of the property owners, including the map and lot numbers, are those listed in the records of this municipality and are current as of this date.

|                      |                                                                                                                                             |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Printed Name:</b> |                                                                                                                                             |
| <b>Signature:</b>    |                                                                                                                                             |
| <b>Position:</b>     | <input type="checkbox"/> Town Clerk <input type="checkbox"/> Town Assessor<br><input type="checkbox"/> Other town official. Please specify: |
| <b>Date:</b>         |                                                                                                                                             |

## 6. OTHER ATTACHMENTS

### FINANCIAL INSTITUTION LETTERS

☐ In accordance with regulation, you must include a letter from a financial institution indicating you have an account in good standing. Each lease holder must provide a letter.

### INTERTIDAL SITES

If any portion of the site is above mean low water, you need to provide the following under 1 and 2:

#### 1. Landowner Written Permission:

All riparian owners whose intertidal lands will be used for aquaculture need to give the applicant written permission to use intertidal lands. You need to submit this written permission with your application. DMR will not accept the application without the required permission.

The written permission must include the following:

☐ The map and lot number of the parcel to which the permission applies, which needs to match what is listed on the riparian landowner list.

☐ The letter must include the names(s) of the landowner(s). If the parcel is held by multiple people, each individual needs to provide permission. It can be included in the same letter, but it needs to be clear that all owners of the parcel consent.

☐ The letter must clearly state that the parcel owner is giving the applicant(s) **permission to use their intertidal lands** for the proposed aquaculture activities. General letters of support from the parcel owner do not satisfy this requirement.

☐ If the intertidal land is owned by the applicant(s) then an 'Applicant Statement' must be included with the submission. The submission needs to include the map and lot number of the parcel owned.

**2. Municipal Permission:**

|                                                                                                          |                                                          |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Does the municipality have a shellfish conservation program in accordance with 12 M.R.S.A. section 6671? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

If you selected “no” then part 2 is not required.

If you selected “yes” then you also need to submit the following with your application:

The **municipal officers** need to consent to using the intertidal area. Consent means that a majority of the municipal officers voted to grant permission to use the intertidal area. The vote needs to occur during a public meeting.

After the meeting, you will need to submit one of the following:

A copy of the final meeting minutes that includes the text of the motion and the results of the vote, which demonstrates that a majority of municipal officers gave consent to the applicant(s) to use the intertidal area. Draft copies of meeting minutes will not be accepted.

**OR**

A letter from the municipality that summarizes the meeting when the vote was taken. The letter needs to include:

☐ The date of the meeting.

☐ Text of the motion.

☐ The vote of each municipal officer (they need to be individually named).

☐ Name and title of the individual submitting the letter on behalf of the town.

## 7. ACKNOWLEDGEMENT AND SIGNATURE PAGE

Every listed lease holder needs to complete and include a copy of this form with the submission. If the holder is a company, this needs to be completed and signed by a person authorized to make such certifications and submissions on behalf of the company.

**Please read and check each box confirming understanding.**

- ☒ I have read DMR's aquaculture laws and regulations and will comply with those provisions.
- ☒ I understand that lease proposals are evaluated in consideration of applicable decision criteria and processed in accordance with relevant law and rules. Applying for a lease is not a guarantee that this site will be granted or otherwise granted as originally authorized. If the application is denied, I am responsible for removing all gear, including moorings, in accordance with the law.
- ☒ I understand that lease application fees are non-refundable.
- ☒ I understand that falsifying any information in this application will result in termination of the application or other enforcement action.
- ☒ I understand that it is my responsibility to submit a copy of this application to the U.S. Army Corps of Engineers (USACE) and that their review process is separate from DMR's. If I have questions about the USACE process or review, I will contact that agency.
- ☒ I read the lease application instructions. I will follow the instructions and provide any requested information in a timely manner.
- ☒ I understand that I cannot make any changes to what was originally authorized except that I may be required by the DMR to modify aspects of operations related to light, noise, or visual impacts to comply with associated mitigation requirements.

|                     |                                                                                     |
|---------------------|-------------------------------------------------------------------------------------|
| <b>Printed Name</b> | John G. Clapp                                                                       |
| <b>Signature</b>    |  |
| <b>Date</b>         | 9/9/2026                                                                            |

Bank of America, N.A.  
The Private Bank  
100 Federal Street  
Boston, MA 02110

July 21st, 2026  
*RE: SUMMIT POINT, LLC*

This letter will serve as your confirmation that Summit Point, LLC has a banking relationship that is in good standing with our institution. If there are any additional questions or concerns that I can answer, Please feel free to call me at (617) 434-7973.

Sincerely,

*Caroline Plansky*

Assistant Vice President  
Wealth Management Associate

BANK OF AMERICA PRIVATE BANK  
100 Federal Street / MA5-100-09-14 / Boston, MA 02110  
T: (617) 434-7973  
F: (617) 310-3144  
caroline.plansky@bofa.com

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|                             |                                |                       |
|-----------------------------|--------------------------------|-----------------------|
| <b>Are Not FDIC Insured</b> | <b>Are Not Bank Guaranteed</b> | <b>May Lose Value</b> |
|-----------------------------|--------------------------------|-----------------------|



## **MAINE DEPARTMENT OF MARINE RESOURCES**

*Aquaculture Division, 21 State House Station, Augusta, ME 04333-0021 (207) 350-7815*

### **CORPORATE APPLICANT FORM**

#### **Instructions:**

Corporations or partnerships that apply for aquaculture leases in the State of Maine must complete this form. Corporations must submit information as requested under A. Corporate Applicant. Partnerships must submit information as requested under B. Partnership Applicant.

Corporations and partnerships must also submit the appropriate supporting documentation with this form, based on the type of entity established. If your entity type is not listed below, please contact the Aquaculture Division at [DMRaquaculture@maine.gov](mailto:DMRaquaculture@maine.gov) for further guidance.

- **Limited Liability Company (LLC):** Submit a signed copy of the Certificate of Formation issued by the Maine Secretary of State.
- **Business Corporation:** Submit a signed copy of the Articles of Incorporation issued by the Maine Secretary of State.
- **Nonprofit Corporation:** Submit a signed copy of the Articles of Incorporation issued by the Maine Secretary of State.
- **Limited Liability Partnership (LLP):** Submit a signed copy of the Certificate of Limited Liability Partnership issued by the Maine Secretary of State.

### A. Corporate Applicant

1. Name of Corporation: Summit Point LLC

2. Date of incorporation: 1/6/2027 State of incorporation: Maine

3. List the names, addresses, and titles of all officers:

| Name                | Address                         | Title   |
|---------------------|---------------------------------|---------|
| Mimi's Oysters LLC  | 276 Shore Rd, Bremen, ME, 04551 | Manager |
| (see attached page) |                                 |         |
|                     |                                 |         |
|                     |                                 |         |

**Please use additional sheets if necessary and attach to the application.**

4. List the names and addresses of all directors/members:

| Name                   | Address                                     |
|------------------------|---------------------------------------------|
| Mimi's Oysters LLC     | 276 Shore Rd, Bremen, ME, 04551             |
| Terminus Ventures, LLC | 2247 Glencoe Avenue, Los Angeles, CA, 90291 |
| (see attached page)    |                                             |
|                        |                                             |

**Please use additional sheets if necessary and attach to the application.**

5. Has the corporation, or any stockholder, director, or officer applied for an aquaculture lease for Maine lands in the past? ☒ Yes ☐ No

If you selected "yes," please indicate who applied for the lease and the status of the application or lease:

Summit Point: CAS-SI2/CAS-NI/CAS-LBx/CAS-LB2x (active), Cow Is./  
Cumberland Exp. 1&2 (pending). Mimi's Oysters: CAS-BC2 (active)

6. List the names and addresses of all stockholders who own or control at least 5% of the outstanding stock and the percentage of outstanding stock currently owned or controlled by each stockholder.

| Name                  | Address                                    | Percentage of Owned Stock |
|-----------------------|--------------------------------------------|---------------------------|
| Mimi's Oysters LLC    | 276 Shore Rd, Bremen, ME 04551             | 50%                       |
| Terminus Ventures LLC | 2247 Glencoe Avenue, Los Angeles, CA 90291 | 50%                       |
| (see attached page)   |                                            |                           |

**Please use additional sheets if necessary and attach to the application.**

7. List the names and addresses of stockholders, directors, or officers owning an interest, either directly or beneficially, in any other Maine aquaculture leases, as well as the quantity of acreage from existing aquaculture leases attributed to each such person based on the percentage of owned stock listed in question 6. If none, write, "None."

| Name            | Address                                    | Lease Acronym                       | Acreage |
|-----------------|--------------------------------------------|-------------------------------------|---------|
| John Clapp      | 276 Shore Rd, Bremen, ME 04551             | CAS-BC2, CAS-SI2, CAS-LBx, CAS-LB2x | 8.64    |
| Beatrice Helman | 276 Shore Rd, Bremen, ME 04551             | CAS-BC2, CAS-SI2, CAS-LBx, CAS-LB2x | 8.64    |
| Wilson Helman   | 2247 Glencoe Avenue, Los Angeles, CA 90291 | CAS-SI2, CAS-LBx, CAS-LB2x          | 13.69   |
|                 |                                            |                                     |         |

**Please use additional sheets if necessary and attach to the application.**

8. Has the corporation or any officer, director, member, or shareholder listed in item 5 above ever been arrested, indicted, convicted of, or adjudicated to be responsible for any violation of any marine resources or environmental protection law, whether state or federal?

☐ Yes ☒ No

If you selected "yes", please provide details:

## B. Partnership Applicant

1. Name of Partnership: \_\_\_\_\_

2. Date of formation: \_\_\_\_\_ State of Partnership: \_\_\_\_\_

3. List the names, addresses, and ownership shares of all partners:

| Name | Address | Ownership Shares |
|------|---------|------------------|
|      |         |                  |
|      |         |                  |
|      |         |                  |

**Please use additional sheets if necessary and attach to the application.**

4. Has the partnership, or any partner applied for an aquaculture lease for Maine lands in the past? ☐ Yes ☐ No

If you selected "yes," please indicate who applied for the lease and the status of the application or lease:

|  |
|--|
|  |
|--|

5. List the names and addresses of any partner owning an interest, either directly or beneficially, in any other Maine aquaculture leases, as well as the quantity of acreage from existing aquaculture leases attributed to each person, based on their ownership shares from question 3.

| Name | Address | Lease Acronym | Acreage |
|------|---------|---------------|---------|
|      |         |               |         |
|      |         |               |         |
|      |         |               |         |

**Please use additional sheets if necessary and attach to the application.**

6. Has the partnership or any partner been arrested, indicted or convicted of or adjudicated to be responsible for any violation of marine resources or environmental protection law, whether State or Federal? ☐ Yes ☐ No

If you selected "yes", please provide details:

|  |
|--|
|  |
|--|

## **Summit Point LLC**

### **Supplemental Page to Corporate Applicant Form For Standard and Experimental Aquaculture Lease Applications**

**Question #3:** There are currently no officers of Summit Point LLC. Pursuant to its Operating Agreement, the day-to-day operations of Summit Point LLC are managed by its Manager, Mimi's Oysters LLC (Address: 276 Shore Rd, Bremen, ME, 04551). Mimi's Oysters LLC performs its responsibilities for management of the operations of Summit Point acting through its Managers John G. Clapp and Beatrice P. Helman (Address for both: 276 Shore Rd, Bremen, ME, 04551).

**Question #4:** There are currently no directors of Summit Point LLC. Pursuant to its Operating Agreement, the day-to-day operations of Summit Point LLC are managed by its Manager, Mimi's Oysters LLC (Address: 276 Shore Rd, Bremen, ME, 04551).

Certain actions and transactions of Summit Point LLC are controlled by action of the Members of Summit Point LLC. The two Members of Summit Point LLC are:

1. Mimi's Oysters LLC, holding 50% of the Membership Interests
2. Terminus Ventures, LLC (Address: 2247 Glencoe Avenue, Los Angeles, CA 90291), holding 50% of the Membership Interests.

**Question #6:** The outstanding Membership Interests in Summit Point LLC are held 50% by Mimi's Oysters LLC and 50% by Terminus Ventures, LLC.

100% of the Membership Interests in Terminus Ventures LLC are held by William Helman (Address: 2247 Glencoe Avenue, Los Angeles, CA 90291).

The Members of Mimi's Oysters LLC are Beatrice P. Helman, John G. Clapp.

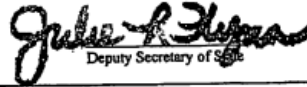
MAINE  
LIMITED LIABILITY COMPANY

STATE OF MAINE

CERTIFICATE OF FORMATION

Filing Fee \$175.00

File No. 20173201DC Pages 2  
Fee Paid \$ 175  
DCN 2170172270069 DLLC  
FILED  
01/06/2017

  
Deputy Secretary of State

A True Copy When Attested By Signature  
  
Deputy Secretary of State

Pursuant to 31 MRSA §1531, the undersigned executes and delivers the following Certificate of Formation:

**FIRST:** The name of the limited liability company is:  
Summit Point LLC

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC," "LLC," "LC," or "LC" or, in the case of a low-profit limited liability company, "L3C" or "L3c" - 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)

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



Commercial Registered Agent

CRA Public Number: P10059

Nicholas H. Walsh

(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)

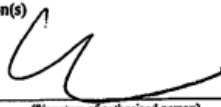
(mailing address if different from above)

**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 N/A, and made a part hereof.

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

Dated 1/4/2017



(Signature of authorized person)

Nicholas H. Walsh

(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

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