



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: 001436483

1. The exact name of the limited liability company is: 91 BEATRICE CIRCLE, LLC

2a. Location of its principal office:

No. and Street: 2476 NORTH ESSEX AVENUE
 City or Town: HERNANDO State: FL Zip: 34442 Country: USA

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

No. and Street: 37 REVERE STREET #8
 City or Town: BOSTON State: MA Zip: 02114 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:

BUILD, DEVELOP, AND MANAGE RESIDENTIAL RENTAL PROJECT LOCATED AT 91 BEATRICE CIRCLE, BELMONT, PURSUANT TO CHAPTER 40B AND LIMIT THE PROFITS OF SAID PROJECT IN ACCORDANCE WITH SAID STATUTE AND THE PROVISIONS OF A REGULATORY AGREEMENT WITH THE SUBSIDIZING AGENCY, MASSACHUSETTS DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: THEODORE C. REGNANTE
 No. and Street: 401 EDGEWATER PLACE
SUITE 630
 City or Town: WAKEFIELD State: MA Zip: 01880 Country: USA

I, THEODORE REGNANTE 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	JOSEPH A TAMPOSI	2476 NORTH ESSEX AVENUE HERNANDO, FL 34442 US
MANAGER	JACOB B TAMPOSI	2476 NORTH ESSEX AVENUE HERNANDO, FL 34442 US
MANAGER	STEPHEN A TAMPOSI	2476 NORTH ESSEX AVENUE HERNANDO, FL 34442 US

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

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	JOSEPH A TAMPOSI	2476 NORTH ESSEX AVENUE HERNANDO, FL 34442 US
REAL PROPERTY	JACOB B TAMPOSI	2476 NORTH ESSEX AVENUE HERNANDO, FL 34442 US
REAL PROPERTY	STEPHEN A TAMPOSI	2476 NORTH ESSEX AVENUE HERNANDO, FL 34442 US

9. Additional matters:

SIGNED UNDER THE PENALTIES OF PERJURY, this 4 Day of May, 2020,

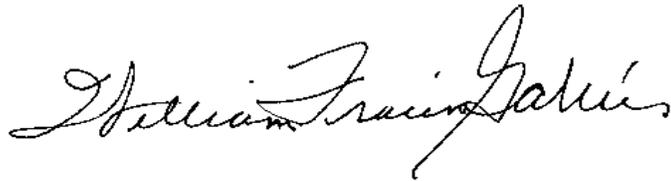
JACOB B TAMPOSI

(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:

May 04, 2020 08:53 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth