

**The Commonwealth of Massachusetts, William Francis Galvin
Corporations Division**

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

Certificate of Organization

(General Laws, Chapter 156C, Section 12)

Filing Fee: \$500.00

Identification Number:	001668674	(number will be assigned)
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1. The exact name of the limited liability company is:

FENIX PARTNERS BRUSH HILL LLC

2. The address in the Commonwealth where the records will be maintained:

Number and street: 177 LAKE STREET

Address 2:

City or town: SHERBORN State: MA Zip code: 01770

Country: UNITED STATES

3. The general character of business (if the limited liability company is organized to render professional service, this form must be filed by fax, mail or in person):

THE COMPANY'S BUSINESS IS TO INVEST AND REINVEST IN, CONSTRUCT, PURCHASE, IMPROVE, DEVELOP, BORROW OR LOAN MONEY AND GRANT OR GIVE MORTGAGES AND OTHER LIENS WITH RESPECT TO, HOLD AND MANAGE, SELL AND LEASE (IN WHOLE OR INTERESTS IN), REAL AND PERSONAL PROPERTY IN SHERBORN, MASSACHUSETTS AND TO ENGAGE IN ANY OTHER BUSINESS OR ACTIVITIES FOR WHICH LIMITED LIABILITY COMPANIES MAY BE FORMED UNDER THE ACT.

4. The latest date of dissolution, if specified: (mm/dd/yyyy)

5. The name and address of the Resident Agent:

Agent name: ROBERT W. MURCHISON

Number and street: 177 LAKE STREET

Address 2:

City or town: SHERBORN State: MA Zip code: 01770

I, ROBERT W. MURCHISON,

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.

Title	Name	Address
MANAGER	ROBERT W. MURCHISON	177 LAKE STREET 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.

Title	Name	Address
SOC SIGNATORY	ROBERT W. MURCHISON	177 LAKE STREET SHERBORN, MA 01770 USA
SOC SIGNATORY	JAMES W. MURPHY ESQ.	POST OFFICE BOX 1327 SHERBORN, MA 01770 USA

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	Name	Address
REAL PROPERTY	ROBERT W. MURCHISON	177 LAKE STREET SHERBORN, MA 01770 USA

9. Additional matters:

10. This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than ninety (90) days from the date of filing is specified:

Later Effective Date (mm/dd/yyyy): Time (HH:MM):

SIGNED UNDER THE PENALTIES OF PERJURY, this 27 Day of June, 2023,

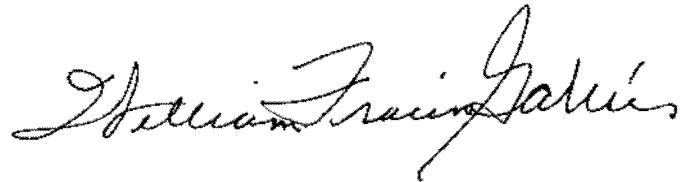
JAMES W. MURPHY

, Signature of Authorized Signatory.

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:

June 27, 2023 10:47 AM

A handwritten signature in black ink, appearing to read "William Francis Galvin". The signature is fluid and cursive, with "William" and "Francis" stacked above "Galvin".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth