



**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: 001555363

1. The exact name of the limited liability company is: FENIX PARTNERS COOLIDGE STREET LLC

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

No. and Street: 177 LAKE STREET  
 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: 177 LAKE STREET  
 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 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:**

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

Name: ROBERT MURCHISON  
 No. and Street: 177 LAKE STREET  
 City or Town: SHERBORN State: MA Zip: 01770 Country: USA

I, ROBERT 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.

**6. The name and business address of each manager, if any:**

Title	Individual Name	Address (no PO Box)
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
MANAGER	ROBERT MURCHISON	177 LAKE STREET

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	ROBERT 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:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	ROBERT MURCHISON	177 LAKE STREET SHERBORN, MA 01770 USA

**9. Additional matters:**

**SIGNED UNDER THE PENALTIES OF PERJURY, this 12 Day of January, 2022,  
JAMES W. MURPHY, ESQ.**

*(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:

January 12, 2022 09:36 AM

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

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*