



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

[Special Filing Instructions](#)

Certificate of Organization

(General Laws, Chapter)

Identification Number: 001306257

1. The exact name of the limited liability company is: SERENDIPITY SERVICES OF AMERICA, LLC

2a. Location of its principal office:

No. and Street: 153 MAIN STREET
SUITE 222

City or Town: NORTH READING State: MA Zip: 01864-3101 Country: USA

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

No. and Street: 153 MAIN STREET
SUITE 222

City or Town: NORTH READING State: MA Zip: 01864-3101 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:

TO CONDUCT ALL LAWFUL BUSINESS IN THE WHOLESALE AND RETAIL COMSUMER GOODS SECTOR. THE ENTITY WILL OPERATE WITHIN THE COMMONWEALTH, NEW ENGLAND AND ACROSS THE UNITED STATES OF AMERICA.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: CHRISTOPHER J. VINING

No. and Street: 153 MAIN STREET
SUITE 222

City or Town: NORTH READING State: MA Zip: 01864-3101 Country: USA

I, CHRISTOPHER J. VINING 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	CHRISTOPHER J. VINING	153 MAIN STREET NORTH READING, MA 01864-3101 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	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	CHRISTOPHER J. VINING	153 MAIN STREET NORTH READING, MA 01864-3101 USA

9. Additional matters:

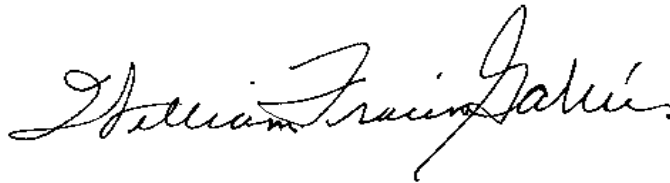
SIGNED UNDER THE PENALTIES OF PERJURY, this 5 Day of January, 2018,
CHRISTOPHER J. VINING

(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 05, 2018 10:36 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized "G" at the end.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Amendment

(General Laws, Chapter)

Identification Number: 001306257

The date of filing of the original certificate of organization: 1/5/2018

1.a. Exact name of the limited liability company: SERENDIPITY SERVICES OF AMERICA, LLC

1.b. The exact name of the limited liability company as amended, is: THE HARVEST CLUB, LLC

2a. Location of its principal office:

No. and Street: 153 MAIN STREET
SUITE 222

City or Town: NORTH READING State: MA Zip: 01864-3101 Country: USA

3. As amended, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: CHRISTOPHER J. VINING

No. and Street: 153 MAIN STREET
SUITE 222

City or Town: NORTH READING State: MA Zip: 01864-3101 Country: USA

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	CHRISTOPHER J. VINING	153 MAIN STREET NORTH READING, MA 01864-3101 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	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	CHRISTOPHER J. VINING	153 MAIN STREET NORTH READING, MA 01864-3101 USA

9. Additional matters:

10. State the amendments to the certificate:

NAME CHANGE ONLY; FROM: SERENDIPITY SERVICES OF AMERICA, LLC TO: THE HARVEST CLUB, LLC

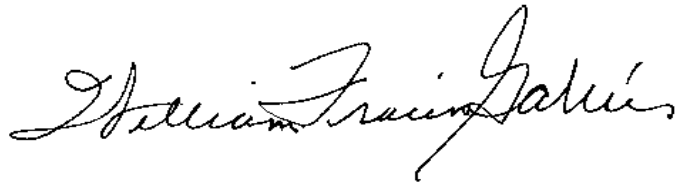
11. The amendment certificate shall be effective when filed unless a later effective date is specified:

SIGNED UNDER THE PENALTIES OF PERJURY, this 10 Day of January, 2018,
CHRISTOPHER J. VINING , 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:

January 10, 2018 04:21 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized 'G' at the end.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth