



**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:** 001379556

**1. The exact name of the limited liability company is:** SOMERVILLE CANNABIZ COLLABORATIVE, LLC

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

No. and Street: 153 MAIN STREET STE 222  
 City or Town: NORTH READING State: MA Zip: 01864 Country: USA

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

No. and Street: 153 MAIN STREET STE 222  
 City or Town: NORTH READING State: MA Zip: 01864 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 LLC IS ORGANIZING IN ORDER TO APPLY FOR A LICENSE WITH THE CANNABIS CONTROL COMMISSION (CCC). THE LLC IS A COLLABORATIVE OF LIKE-MINDED PEOPLE IN PURSUIT OF AN OPPORTUNITY IN THE CANNABIS INDUSTRY. THE COMPANY IS LOOKING TO SITE A RETAIL MARIJUANA STORE IN DAVIS SQ. SOMERVILLE, OWNED BY SOMERVILLE RESIDENTS. THE COMPANY, AFTER RECEIVING LOCAL APPROVALS WILL MAKE APPLICATION TO THE CANNABIS CONTROL COMMISSION (CCC) FOR A MARIJUANA RETAILER'S LICENSE. THE COMPANY UNDERSTANDS THAT IT CANNOT SELL MARIJUANA BASED PRODUCTS WITHOUT A LICENSE FROM THE CCC. ADDITIONALLY, THE COMPANY WILL CONDUCT OTHER LAWFUL BUSINESS PURPOSE IN THE COMMONWEALTH OF MA AND BEYOND.

**4. The latest date of dissolution, if specified:**

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

Name: ALEX COON  
 No. and Street: 24 CENTRAL STREET  
 City or Town: SOMERVILLE State: MA Zip: 02143 Country: USA

**I, ALEX COON 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	ALEX COON	153 MAIN STREET STE 222 NORTH READING, MA 01864 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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> (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:**

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

**9. Additional matters:**

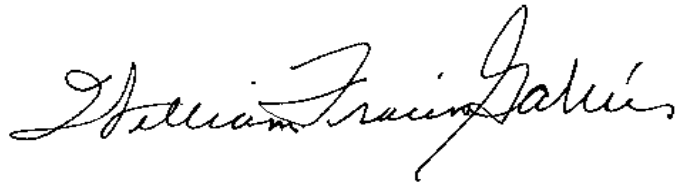
**SIGNED UNDER THE PENALTIES OF PERJURY, this 19 Day of April, 2019,**  
**ALEX COON**

*(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:

April 19, 2019 09:11 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*