



**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 )

**Federal Employer Identification Number:** 464452081 (must be 9 digits)

**1. The exact name of the limited liability company is:** WELLINGTON SOLAR LLC

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

No. and Street: 309 ELM ST  
UNIT 1  
 City or Town: CAMBRIDGE State: MA Zip: 02139 Country: USA

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

No. and Street: 309 ELM ST  
UNIT 1  
 City or Town: CAMBRIDGE State: MA Zip: 02139 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 WILL PROVIDE SALES, FINANCING, ADMINISTRATION, INSTALLATION AND MAINTENANCE SERVICES FOR SOLAR PHOTOVOLTAIC SYSTEMS.

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

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

Name: COSETTE CHICHIRAU  
 No. and Street: 309 ELM ST  
UNIT 1  
 City or Town: CAMBRIDGE State: MA Zip: 02139 Country: USA

I, COSETTE CHICHIRAU 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	COSETTE CHICHIRAU	309 ELM ST CAMBRIDGE, MA 02139 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	COSETTE CHICHIRAU	309 ELM ST CAMBRIDGE, MA 02139 UNI

**9. Additional matters:**

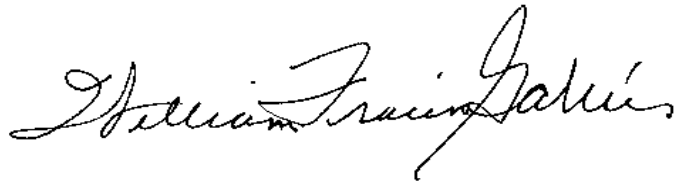
**SIGNED UNDER THE PENALTIES OF PERJURY, this 7 Day of January, 2014,  
COSETTE CHICHIRAU**

*(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 07, 2014 08:59 PM

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*