

**FILED**

JUL 08 2014

SECRETARY OF THE COMMONWEALTH  
CORPORATIONS DIVISION

**AUTUMN MIST FARM, LLC**

**CERTIFICATE OF ORGANIZATION**

Pursuant to the Massachusetts Limited Liability Company Act (the "Act"), the undersigned hereby certifies that a limited liability company has been organized under the Act as follows:

1. Name. The name of the limited liability company is:

**Autumn Mist Farm, LLC**

2. Office. The street address of the office of the LLC in the Commonwealth for purposes of the Act is:

**300 North West Street  
Feeding Hills, MA 01030**

3. Business of the LLC. The general character of the business of the LLC shall initially be the operation and management of a farm, any business related thereto or useful in connection therewith, and any other lawful business purpose or activity permitted by the Act.

4. Date of Dissolution. The LLC has no specific date of dissolution.

5. Resident Agent. The name and address of the resident agent of the LLC for service of process is:

**Derrick M. Turnbull  
300 North West Street  
Feeding Hills, MA 01030**

6. Managers. The LLC will be managed by its members and will have no Managers for purposes of the Act.

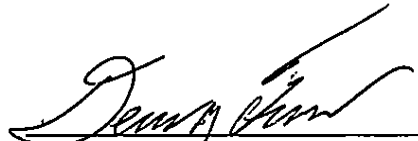
7. Execution of Documents. Person(s) authorized to execute documents to be filed with the Secretary of State are as follows:

**Derrick M. Turnbull**

8. Authority to Convey Title: Any one of the following persons is authorized to execute, acknowledge, deliver and record any recordable instrument purporting to effect an interest of real property of the LLC under Section 66 of the Act:

**Derrick M. Turnbull**

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Organization as of this 30th day of June, 2014.

  
\_\_\_\_\_  
Authorized Person  
Derrick M. Turnbull

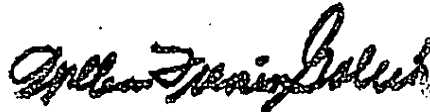
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CHECK/VOUCHER # 1765

The Commonwealth of Massachusetts  
Limited Liability Company  
(General Laws, Chapter 156C)

Filed this 8th day of July 2014

SECRET  
2014 JUL -8 PM 12:31  
CORPORATION



William Francis Galvin  
Secretary of the Commonwealth

Name \_\_\_\_\_

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\_\_\_\_\_

Phone \_\_\_\_\_