

## STATE OF MAINE

## LIMITED LIABILITY COMPANY

## CERTIFICATE OF FORMATION

Pursuant to [31 MRSA §1531](#), the undersigned executes and delivers the following Certificate of Formation:

**FIRST:** The name of the limited liability company is:

Myond Dr

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" – see [31 MRSA 1508](#).)

**SECOND:** Filing Date: (select one)

☐ Date of this filing; or ☐ Later effective date (specified here): Myond Dr

**THIRD:** Designation as a low profit LLC (Check only if applicable):

☐ This is a low-profit limited liability company pursuant to [31 MRSA §1611](#) meeting all qualifications set forth here:

- A. The company intends to qualify as a low-profit limited liability company;
- B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;
- C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and
- D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

**FOURTH:** Designation as a professional LLC (Check only if applicable):

☐ This is a professional limited liability company\* formed pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services:

Myond Dr

(Type of professional services)

**FIFTH:** The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

☐ Commercial Registered Agent CRA Public Number: REDACTED  
REDACTED  
(Name of commercial registered agent)

☐ Noncommercial Registered Agent  
REDACTED  
(Name of noncommercial registered agent)  
REDACTED  
(physical location, not P.O. Box – street, city, state and zip code)  
REDACTED  
(mailing address if different from above)

**SIXTH:** Pursuant to [5 MRSA §105.2](#), the registered agent listed above has consented to serve as the registered agent for this limited liability company.

**SEVENTH: OPTIONAL** ☐ Check if providing a statement of authority at this time

Pursuant to [31 MRSA §1542.1](#) a statement of authority or any other matters the members determine to include are set forth in the attached Exhibit \_\_\_\_\_, and made part hereof.

Dated REDACTED \*\*By REDACTED  
(original written signature of authorized person)  
REDACTED  
(type or print name and title of signer)

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\***Examples** of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#))

\*\*Pursuant to [31 MRSA §1676.1.A](#), Certificate of Formation **MUST** be signed by at least one authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: **(207) 624-7752** Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

☐

Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)

☐

24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity

☐

Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

\_\_\_\_\_  
(Name of contact person)

\_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Contact email address for this filing)

\_\_\_\_\_  
(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

\_\_\_\_\_  
(Name of attested copy recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)

**NOTE:** Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

Department of the Secretary of State  
Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
6 E. Chestnut Street, 5th Floor  
Augusta, ME 04330