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:			
	Acme LLC (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): 2024-10-26			
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 se 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:			
	Law			
	(Type of professional services)			

Form No. MLLC-6 (1 of 2)

FIFTH:	The Re	The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)				
		Commercial Registered Ager	t	CRA Public Number: 1234567		
		Registered Agent Corp				
			(Name of commercial registered agent)			
		Noncommercial Registered A	gent			
		John Smith				
		(Name of nonco	mmercial registered agent)		
		(physical le	. Box – street, city, state and zip code)			
	2024-10-26					
			(mailing addre	ess 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					
		at to 31 MRSA §1542.1 a stater are set forth in the attached Ex		y or any other matters the members determine to nd made part hereof.		
Dated_[Signa	ature]	** <u>F</u>	gy _John Sm	nith, CEO (original written signature of authorized person)	_	
				(type or print name and title of signer)	_	
				(type of print name and the of signer)		
		al service limited liability com an inclusive list – see 13 MRS		ountants, attorneys, chiropractors, dentists, registered nurses an	nd	
**Pursuant to 3	31 MRSA §	31676.1.A, Certificate of Forma	ation MUST be	signed by at least one authorized person.		
The execution	of this certi	ficate constitutes an oath or aff	irmation under t	the penalties of false swearing under 17-A MRSA §453.		
Please remit yo	our paymen	t made payable to the Maine Se	ecretary of State			
Submit comple	eted form to	Secretary of State Division of Corpor		nd Commissions		

Augusta, ME 04333-0101 Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:						
Optional special handling request(s): (check onl	ly if applicable)					
Hold attested copy for pick up (will be	e required to pick up at our office in Augusta, Maine)					
24-hour expedited filing (next busines	ss day) service: \$50 additional filing fee per entity					
Immediate expedited filing (same bus	iness day): \$100 additional filing fee per entity					
NOTE: Only one expedite fee is required if filing i	multiple documents for the same entity/charter number at the same time					
Payment can be made by check or money order obtain a credit card voucher at https://www.maine	r (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.					
Total fee(s)	enclosed: \$					
(Name of contact person)	(Daytime telephone number)					
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)					
Name and address of person to return the attested	d copy of the completed filing:					
(Nam	ne 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

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