



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: 271785889 (must be 9 digits)

1. The exact name of the limited liability company is: Buffle Bear Entertainment, LLC

2a. Location of its principal office:

No. and Street: 7 Simpson Ave
2

City or Town: Somerville State: MA Zip: 02144 Country: USA

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

No. and Street: 7 Simpson Ave
2

City or Town: Somerville State: MA Zip: 02144 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:

To engage in the entertainment, amusement, performance, music, music publishing, and recording industries, to work with performers, artist and entities in the entertainment field in connection with the production, recording and commercial exploitation of creative works, including without limitation, audio, and audiovisual works, promoting personal appearances, live performances, exploiting and merchandising the names (both legal and professional), likeness, sobriquet and biographical materials of performers, entertainers and other entertainment industry entities, administering, publishing and exploiting musical compositions, throughout the world and all other activities and services the entertainment field and to conduct any other business or activity that may be lawfully conducted in the Commonwealth of Massachusetts

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: Christina Fabi
No. and Street: 7 Simpson Ave
2

City or Town: Somerville State: MA Zip: 02144 Country: USA

I, Christina Fabi 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:

Name	Address (no PO Box)

	Address, City or Town, State, Zip Code
Christina Fabi	7 Simpson Ave Somerville, MA 02144 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.

Name	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:

Name	Address (no PO Box) Address, City or Town, State, Zip Code
Christina Fabi	7 Simpson Ave Somerville, MA 02144 USA

9. Additional matters:

Filer's Contact Information
(Enter a contact name, mailing address, and email and/or phone number.)

Contact Name: David Herlihy
Business Name: Law Office of David Herlihy
No. and Street: 14 Staniford Street 1
City or Town: Newton State: MA Zip: 02466 Country: USA
Contact Phone: (617) 964-4006 ext:
Contact Email: david@herlihylaw.com

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

SIGNED UNDER THE PENALTIES OF PERJURY, this 29 Day of January, 2010,
/David Herlihy/
(The certificate must be signed by the person forming the LLC.)

Make Corrections

Accept

© 2001 - 2010 Commonwealth of Massachusetts
All Rights Reserved