

P

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Professional Limited Liability Company

Certificate of Organization

(General Laws Chapter 156C, Section 12)

Federal Identification No.: _____

(1) The exact name of the limited liability company:

NORTHEAST VASECTOMY AND FAMILY PLANNING PLLC

(2) The street address of the office in the commonwealth at which its records will be maintained:

111 HARVARD STREET, BROOKLINE, MA 02446

(3a) The professional service to be rendered:

PHYSICIAN

(3b) The name and address of each member or manager who will render a professional service in the Commonwealth, and attach a certificate of the applicable regulating board that each such member or manager who will render the service in the Commonwealth is duly licensed:

**SARAH MILLER
111 HARVARD STREET
BROOKLINE, MA 02446**

(3c) The limited liability company agrees to abide by and be subject to any conditions or limitations established by any applicable regulating board including the provision of liability insurance required by G.L. c.156C § 65.

(4) Latest date of dissolution, if specified: _____

(5) The name and street address, of the resident agent in the commonwealth:

NAME

ADDRESS

SARAH MILLER

**111 HARVARD STREET
BROOKLINE, MA 02446**

(6) The name and business address, if different from office location, of each manager, if any, and if none, so state:

NAME

ADDRESS

Sarah Miller

(7) The name and business address, if different from office location, of each person in addition to manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:

NAME


ADDRESS

(8) The name and business address, if different from office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME

ADDRESS

(9) Additional matters:

Signed by (by at least one authorized signatory): 

Consent of resident agent:

I Sarah Miller, resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c 156C § 12*

*or attach resident agent's consent hereto.

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

Certificate by Regulatory Board

In compliance with General Laws, Chapter 156C/108A the, Board of Registration in Medicine hereby certifies
(name of board)

that in connection with the formation/registration of: Northeast Vasectomy and Family Planning PLLC
(name of company/partnership)

a professional limited liability company/limited liability partnership formed to render PHYSICIAN services
(type of service)

the below listed members/partners are duly licensed or admitted to practice the profession listed above.

Member/Partners

Addresses

Sarah B. Miller

111 HARVARD STREET
BROOKLINE, MA 02446

Condace Lapidus Sloane, MD

Signed by: _____
(chairman/clerk of the regulatory board)

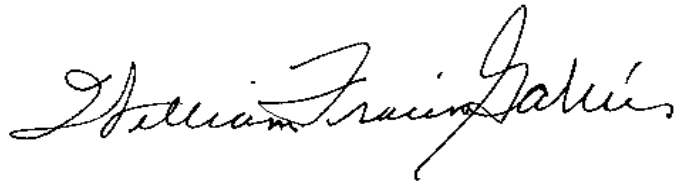
on this 15th day of November, 2018

Delete any inapplicable language.

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:

November 16, 2018 05:13 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