MA SOC Filing Number: 201720880330 Date: 2/27/2017 4:36:00 PM



## 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)

Identification Number: 001262386

1. The exact name of the limited liability company is: FILINGCLOUD LLC

2a. Location of its principal office:

No. and Street: 280 WORCESTER RD

STE 102

City or Town: FRAMINGHAM State: MA Zip: 01702 Country: USA

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

No. and Street: 280 WORCESTER RD

STE 102

City or Town: FRAMINGHAM State: MA Zip: 01702 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:

A SUPPLIER FOR A BUSINESS MANAGEMENT SOFTWARE AND ONLINE CLOUND TO THE BU SINESSES IN ALL INDUSTRIES.

- 4. The latest date of dissolution, if specified:
- 5. Name and address of the Resident Agent:

Name: BYUNGJAE KIM

No. and Street: 1612 WORCESTER RD

APT. A301

City or Town: FRAMINGHAM State: MA Zip: 01702 Country: USA

- I, <u>BYUNGJAE KIM</u> 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:

Title	Individual Name	Address (no PO Box)
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
MANAGER	BYUNGJAE KIM	280 WORCESTER RD FRAMINGHAM, MA 01702 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.

Title	Individual Name	Address (no PO Box)
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
	First, Middle, Last, Suffix	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:

Title	Individual Name	Address (no PO Box)
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code

9. Additional matters:

## SIGNED UNDER THE PENALTIES OF PERJURY, this 27 Day of February, 2017, ${\tt BYUNGJAE\ KIM}$

(The certificate must be signed by the person forming the LLC.)

© 2001 - 2017 Commonwealth of Massachusetts All Rights Reserved

MA SOC Filing Number: 201720880330 Date: 2/27/2017 4:36:00 PM

## 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:

February 27, 2017 04:36 PM

WILLIAM FRANCIS GALVIN

Heteram Frain Dalies

Secretary of the Commonwealth