



**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: 001557572

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

**2a. Location of its principal office:**

No. and Street: 187 CHESTNUT STREET  
 City or Town: NO EASTON State: MA Zip: 02356 Country: USA

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

No. and Street: 187 CHESTNUT STREET  
 City or Town: NO EASTON State: MA Zip: 02356 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) TO ENGAGE IN THE FOR-HIRE BUSINESS OF TRANSPORTING, CARRYING OR HAULING CARGO AND FREIGHT, OF ANY KIND OR NATURE, PARTICULARLY, BUT NOT LIMITED TO, CARGO OR FREIGHT OWNED BY THIRD-PARTIES REQUIRING THE SERVICE OF SPECIALIZED VEHICLE, TRAILERS OR OTHER SUCH EQUIPMENT; (B) OWNING, OPERATING, LEASING, ACQUIRING, MANAGING, SELLING OR OTHERWISE DEALING IN WITH VEHICLES AND EQUIPMENT REQUIRED IN THE TRANSPORT, CARRYING OR HAULING OF CARGO AND FREIGHT AS DESCRIBED ABOVE; OR (C) ENGAGING IN ANY OTHER LAWFUL BUSINESS OR ACTIVITY PERMITTED OF A LIMITED LIABILITY COMPANY UNDER MASSACHUSETTS GENERAL LAWS CHAPTER 156C, WHETHER OR NOT IT MAY BE RELATED TO, OR SPECIFICALLY DESCRIBED IN, PARAGRAPHS (A) OR (B) ABOVE.

**4. The latest date of dissolution, if specified:**

**5. Name and address of the Resident Agent:**

Name: THOMAS J RECUPERO  
 No. and Street: RECUPERO LAW  
1185 TURNPIKE STREET  
 City or Town: STOUGHTON State: MA Zip: 02072 Country: USA

I, THOMAS J RECUPERO 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 First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	MATTHEW FARWELL	187 CHESTNUT STREET NO EASTON, MA 02356 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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	MATTHEW FARWELL	187 CHESTNUT STREET NO EASTON, MA 02356 USA

**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:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	MATTHEW FARWELL	187 CHESTNUT STREET NO EASTON, MA 02356 USA

**9. Additional matters:**

**SIGNED UNDER THE PENALTIES OF PERJURY, this 21 Day of January, 2022,  
THOMAS J RECUPERO**

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

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:

January 21, 2022 03:38 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*