

STATE OF MAINE
Department of the Secretary of State
Bureau of Corporations, Elections and Commissions
101 State House Station
Augusta, Maine 04333-0101

September 21, 2022

PHIL MASON
ONE SMART HOME, LLC
59 HAYFIELD DRIVE
GORHAM ME 04038

ATTESTED COPIES
WR DCN: 2222632221002

Enclosed please find copies of documents recently placed on file with our office. Each copy has been attested as a true copy of the original and serves as your evidence of filing. We recommend that you retain these permanently with your records.

Charter#: 20237583DC Legal Name: ONE SMART HOME, LLC

CERTIFICATE OF FORMATION

DCN: 2222632220030 Page(s) 2

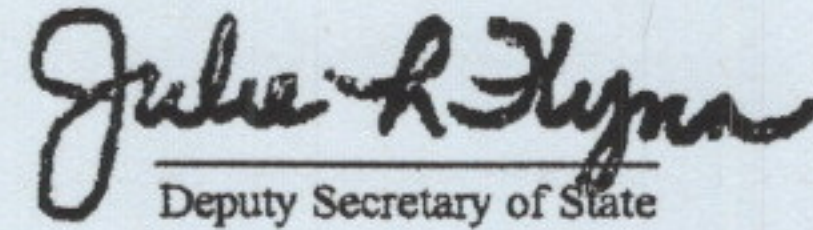
Total Pages 2

MAINE
LIMITED LIABILITY COMPANY

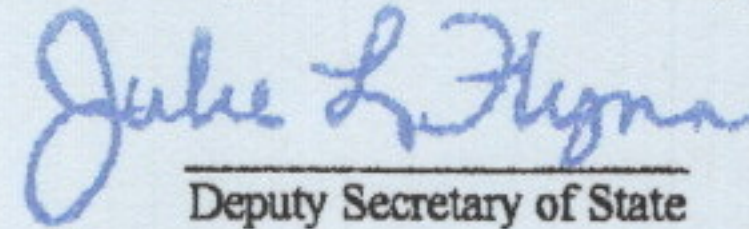
STATE OF MAINE

CERTIFICATE OF FORMATION

File No. 20237583DC Pages 2
Fee Paid \$ 175
DCN 2222632220030 DLLC
---FILED---
09/19/2022


Deputy Secretary of State

A True Copy When Attested By Signature


Deputy Secretary of State

Pursuant to 31 MRSA §1531, the undersigned executes and delivers the following Certificate of Formation:

FIRST: The name of the limited liability company is:

One Smart Home, 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): _____

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 set 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:

(Type of professional services)

FIFTH:

The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent

CRA Public Number: _____

(Name of commercial registered agent)

Noncommercial Registered Agent

Phil Mason

(Name of noncommercial registered agent)

59 Hayfield Drive Gorham, ME 04038

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address 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:

Other matters the members determine to include are set forth in the attached Exhibit NA, and made a part hereof.

****Authorized person(s)**

Dated 9/16/2022

Phil Mason

(Signature of authorized person)

Phil Mason

(Type or print name of authorized person)

(Signature of authorized person)

(Type or print name of authorized person)

***Examples of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7)**

****Pursuant to 31 MRSA §1676.1.A, Certificate of Formation MUST be signed by at least one authorized person.**

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State

Division of Corporations, UCC and Commissions

101 State House Station

Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov