



**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 156C)

**Identification Number:** 001402888

**1. The exact name of the limited liability company is:** STANDARD HOLDINGS, LLC

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

No. and Street: 540 MAIN STREET, SUITE 18  
City or Town: HYANNIS State: MA Zip: 02601 Country: USA

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

No. and Street: 540 MAIN STREET, SUITE 18  
City or Town: HYANNIS State: MA Zip: 02601 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:**

PURCHASE AND HOLDING OF REAL ESTATE AND ALL OTHER LAWFUL PURPOSES IN THE COMMONWEALTH OF MASSACHUSETTS

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

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

Name: ROBERT CARLETON  
No. and Street: 98 LOTHROPS LANE  
City or Town: WEST BARNSTABLE State: MA Zip: 02668 Country: USA

**I, Robert Carleton 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
ROBERT CARLETON	98 LOTHROPS LANE WEST BARNSTABLE, MA 02668 USA
TIMOTHY T. TELMAN	28 MERIDIAN WAY BARNSTABLE, MA 02630 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:**

<b>Name</b>	<b>Address</b> (no PO Box) Address, City or Town, State, Zip Code
ROBERT CARLETON	98 LOTHROPS LANE WEST BARNSTABLE, MA 02668 USA
TIMOTHY T. TELMAN	28 MERIDIAN WAY BARNSTABLE, MA 02630 USA

**9. Additional matters:**

**Filer's Contact Information**

*(Enter a contact name, mailing address, and email and/or phone number.)*

Contact Name: DAVID V. LAWLER

Business Name: LAW OFFICE OF DAVID V. LAWLER, P.C.

No. and Street: 540 MAIN STREET, SUITE 8

City or Town: HYANNIS

State: MA

Zip: 02601

Country: USA

Contact Phone: (508) 778-0303 ext:

Contact Email: david@dlawlerlaw.com

Please provide an email address to receive an expedited response from the Corporations Division.

If the filing is rejected for any reason, you will be contacted. If no email address is provided, correspondence from the Division will be sent by mail.

**SIGNED UNDER THE PENALTIES OF PERJURY, this 20 Day of September, 2019,**

Robert Carleton

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

Make Corrections :

Accept