



**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

**Annual Report**  
 (General Laws, Chapter )

**Identification Number:** 001012744

**Annual Report Filing Year:** 2014

**1.a. Exact name of the limited liability company:** TURBINE REAL ESTATE HOLDINGS, LLC

**1.b. The exact name of the limited liability company as amended, is:** TURBINE REAL ESTATE HOLDINGS, LLC

**2a. Location of its principal office:**  
 No. and Street: 825 BEACON STREET  
SUITE 20  
 City or Town: NEWTON State: MA Zip: 02459 Country: USA

**2b. Street address of the office in the Commonwealth at which the records will be maintained:**  
 No. and Street: 825 BEACON STREET  
SUITE 20  
 City or Town: NEWTON State: MA Zip: 02459 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:**  
TO OWN AND OPERATE REAL ESTATE, AND ALL OTHER ACTIVITIES ALLOWED BY LAW.

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

**5. Name and address of the Resident Agent:**  
 Name: VALENTIN GURVITS  
 No. and Street: 825 BEACON STREET  
SUITE 20  
 City or Town: NEWTON CENTRE State: MA Zip: 02459 Country: USA

**6. The name and business address of each manager, if any:**

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address (no PO Box)<br>Address, City or Town, State, Zip Code |
|---------|--|---|
| MANAGER | VALENTIN GURVITS                               | 825 BEACON STREET, SUITE 20<br>NEWTON, MA 02459 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<br>First, Middle, Last, Suffix | Address (no PO Box)<br>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<br>First, Middle, Last, Suffix | Address (no PO Box)<br>Address, City or Town, State, Zip Code |
|---------------|--|---|
| REAL PROPERTY | VALENTIN GURVITS                               | 825 BEACON STREET, SUITE 20<br>NEWTON, MA 02459 USA           |

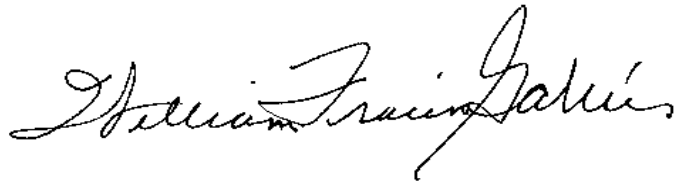
**9. Additional matters:**

**SIGNED UNDER THE PENALTIES OF PERJURY, this 2 Day of July, 2015,  
VAL GURVITS , Signature of Authorized Signatory.**

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:

July 02, 2015 06:17 AM

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*