Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615 * CRETARY OF STATE OR JUL 29 PM 1: 33

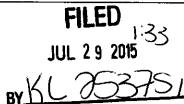
LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is: WCF MA Residential III LLC				
	This company has been duly organized in its state of fo	ormation as a low-profit limited liability comp	any. (Check box if applicable)		
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:				
3.	The limited liability company is organized under th	e laws of Massachusetts			
4.	The date of its organization is February 20, 2014				
5.	The period of duration of the limited liability compa	any is (if perpetual, so state) perpe	etual		
6.	he address of the limited liability company's resident agent in Rhode Island is:				
	One Turks Head Place, Suite 1300	Providence	, RI 02903		
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the resident agent at such address is Waldorf Capital Management LLC (Name of Agent)				
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at ar time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.				
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:				
9.	The mailing address for the limited liability company is:				
	c/o Waldorf Capital Management LLC, One Turks Head	d Place, Ste 1300			
	Providence, Rhode Island 02903				

Form No. 450 Revised: 07/12



10.	D. Management of the Limited Liability Company (check <u>one</u> only):				
A. The limited liability company is to be managed by its members. (If you have checked to No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)					
	<u>or</u>				
	B.	B. The limited liability company is to be managed volume by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)			
	Manager		<u>Address</u>		
	Wa	aldorf Capital Management LLC	One Turks Head Place, Suite 1300, Providence, Rhode Island 02903		
11.	This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.				
12.	The	The date this Application for Registration is to become effective, if later than the date of filing, is:			
	(not prior to, nor more than 30 days after, the filing of this Application for Registration)				
	(and the second				
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.		
		0/00/			
Dat	e: _	1/29/15	WCF MA Residential III LLC		
			Print Exact Name of Limited Liability Company Making Application		
			Ву		
			Signature of Authorized Person		
)		



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

July 27, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

WCF MA RESIDENTIAL III LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 20, 2014.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: WALDORF CAPITAL MANAGEMENT LLC

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: WALDORF CAPITAL MANAGEMENT LLC, ZACHARY G. DARROW ESQ.

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ZACHARY G. DARROW ESQ.**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Villein Travin Galein

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

