



**MOTOR CARRIER FACTORS ATTACHEMENT**

**East Transport Letters of Incorporation**

**Randolph, NH**

**HWY19MH010**

(4 pages)



**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: [REDACTED]

1. The exact name of the limited liability company is: EAST TRANSPORT LLC

2a. Location of its principal office:

No. and Street: [REDACTED]  
 City or Town: WEST SPRINGFIELD State: MA Zip: 01089 Country: USA

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

No. and Street: [REDACTED]  
 City or Town: WEST SPRINGFIELD State: MA Zip: 01089 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:

THIS COMPANY WILL ENGAGE IN THE BUSINESS OF PROVIDING TRANSPORTATION SERVICES

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: DARTANYAN GASANOV  
 No. and Street: [REDACTED]  
 City or Town: WEST SPRINGFIELD State: MA Zip: 01089 Country: USA

I, DARTANYAN GASANOV 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 <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>
MANAGER	DARTANYAN GASANOV	[REDACTED] WEST SPRINGFIELD, MA 01089 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 <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>

**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

**9. Additional matters:**

**SIGNED UNDER THE PENALTIES OF PERJURY, this 31 Day of October, 2018,**  
DARTANYAN GASANOV

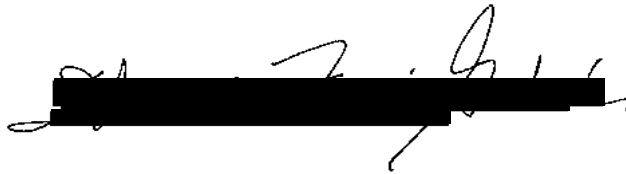
*(The certificate must be signed by the person forming the LLC.)*

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:

October 31, 2018 03:15 PM

A handwritten signature in black ink is written over a thick black horizontal redaction bar. The signature appears to be 'W. F. Galvin'.

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*