

ID # 798
REF 1023

GARAGE LICENSE APPLICATION

2012 SEP 27 P 4: 15

Application Fee \$550.00

FOR CITY CLERK'S OFFICE ONLY	
CITY CLERK'S OFFICE	Date Recorded <u>9/27/12</u>
SOMERVILLE, MA	Amount Paid <u>\$550 + 75</u>

Date 09-25-2012

- New Application
- Renewing Application with Additions or Changes
- Renewing Application with NO Additions or Changes

For the storage of 2 vehicles inside
0 vehicles outside

Business (DBA) Name: AMERICAN AUTO GALLERY Phone: 617-440-6651

Business Location (with Zip Code): 682 Mystic Ave Somerville MA 02145

Applicant's Legal Name: FMS AUTO SALES LLC

Applicant's Address (with Zip Code): 682 Mystic Ave Somerville MA 02145

Applicant's Email Address: max-auto-gallery-group@gmail.com

Applicant's Federal Employer Identification Number: 46-0627833

Mailing Name (where we should send correspondence to): American Auto Gallery

Mailing Address (with Zip Code): 682 Mystic Ave Somerville MA 02145

Emergency Contact: Fadi M. Suleiman Phone: 617-669-2950

Type of Business (Check one): Sole Proprietor Partnership (inc. LLP) Trust
 Corporation (inc. LLC) Other _____

IF A SOLE PROPRIETOR:

Owner's Name: _____

Address with Zip Code: _____

IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: Fadi M. Suleiman

Address with Zip Code: 975 Fellsway Apt #5 Medford MA 02155

Partner's/Member's/Secretary's Name: _____

Address with Zip Code: _____

Partner's/Member's/Treasurer's Name: _____

Address with Zip Code: _____

1. Will you be open to the public at this location? Y N
2. Will you be doing mechanical repairs of vehicles at this location? Y N
3. Will you be doing autobody work on vehicles at this location? Y N
4. Will you be spray painting vehicles or parts at this location? Y N
5. Will you be washing vehicle at this location? Y N
6. Will you be charging money to park vehicles at this location? Y N
7. Will you be storing registered vehicles at this location? Y N
8. Will you be storing unregistered vehicles at this location? Y N
9. Will you be operating a tow vehicle at this location? Y N

Have you ever obtained a garage license before?

Y N

If yes, list year, city and state _____

Have you ever been denied a garage license?

Y N

If yes, list year, city and state _____

Have you ever had a garage license revoked or suspended?

Y N

If yes, list year, city and state _____

Describe all of the premises to be used in the business: _____

The hours of operation for garages are Monday through Friday, 8 AM to 6 PM, Saturday, 8 AM to 2 PM, and Sunday, Closed. If you require different hours of operation, list them and explain:

Monday through Thursday 9:00 AM to 7:00 pm
Friday + Saturday 9:00 AM to 6:00 pm Sunday closed

GARAGE
 Car Repair

~~Monday to Thursday~~

Monday - Friday
 10: AM till 5:00
 No weekends

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will only be effective for the listed location, will expire on April 30, and will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: *[Signature]* Date 09-25-2012

Business Name: ~~Auto Gallery of Somerville "LLC"~~ DBA American Auto Gallery

Business Address: 682 Mystic Ave Somerville MA 02145

INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:

The building located at the premises mentioned above is in a _____ Zone.

- The use is permitted as of right
- The use requires a special permit
- The use is prohibited

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the State Building Code. (NOTE: This statement is NOT a certificate of occupancy, nor does it replace the requirement for a certificate of occupancy.)

Maximum number of motor vehicles to be kept on the premises: 2 EN/JSL inside 0 EN/JSL outside *NEED Inspection*

Signature: *[Signature]* Date: Sept 27, 2012

Print Name: Fobie Nuzzo Title: Superintendent

FIRE PREVENTION BUREAU RECOMMENDATION

I have inspected the premises mentioned above and based on my inspection:

I have inspected the premises mentioned above and based on my inspection, believe that the building or structure conforms with the Fire Safety Code. (NOTE: This statement is NOT a storage of flammables permit, nor does it replace the requirement for a storage of flammables permit.)


A 148 sec. 13 License is required
 A 148 sec. 13 License is NOT required *NOT REQUIRED PER WILLIAM HALLINAN. JSL*

Signature: *[Signature]* Date: 9-27-12

Print Name: Deputy Chief
William Hallinan Title: Deputy

LEGAL NOTICES

Legal Notices can also be viewed on our Web site at www.thesomervillenews.com



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

PLANNING DIVISION

LEGAL NOTICE
OF PUBLIC HEARING

The Zoning Board of Appeals will meet on **Wednesday, October 17, 2012**, in the Aldermanic Chambers, 2nd Floor, Somerville City Hall, 93 Highland Avenue, at 6:00 p.m. to hear pending applications and to hold public hearings:

84 Beacon St: (Case #ZBA 2012-75) Applicant, Sprint Spectrum, and Owner, Beacon Place Condominium Trust, seek a Special Permit under SZO §7.11.1B.3 and SZO §14 for the installation of wireless communications equipment consisting of the replacement of three existing antennas and related equipment and cables including one GPS antenna and two equipment cabinets. RC zone, Ward 2.

146 Hudson St: (Case #ZBA 2012-76) Applicant/Owner, Hudson Street, LLC, seek a Special Permit under SZO §4.4.1 to alter a structure on a non-conforming lot to construct 3 dwelling units in an approx 5,200 of building and 6 parking spaces. RB/RC zone, Ward 5.

28 Elmwood St: (Case #ZBA 2012-77) Applicant Charles Casassa and Owner Casassa Realty Trust, seek a Special Permit under SZO §4.4.1 to alter a nonconforming structure, including adding a dormer on the left side of an existing single-family dwelling, and a Special Permit under SZO §9.13.a to modify parking requirements for relief from two parking spaces to convert the structure into a two-family dwelling. RB zone, Ward 7.

263 Elm St. a/k/a 5 Davis Sq: (Case #ZBA 2012-78) Owner, The 5 Davis Square, LLC, and Applicant, NE Frog Pond LLC, seek a Special Permit with Design Review under SZO §7.11.10.2.1.a to establish a fast order food establishment (frozen yogurt parlor), a Special Permit under SZO §4.4.1 to modify the existing storefront, including window openings, and a Special Permit under SZO §9.13.a for relief from parking requirements. CBD Zone, Ward 6.

252 Summer St: (Case #ZBA 2012-79) Applicant and Owner, Manuel Peraz, seeks a Special Permit under SZO §4.4.1 to alter a nonconforming two-family dwelling by modifying an existing second-story deck on the rear façade, which includes a staircase and railings. RB zone, Ward 5.

23-25-27 Village St: (Case #ZBA 2012-80) Applicant and Owner Adele Naude Santos, seeks a Special Permit under SZO §4.4.1 to alter an existing nonconforming structure, including adding a second story to an existing building, as part of adding a second dwelling unit to the property. RC zone, Ward 2.

221 Willow Ave. Unit # 1: (Case #ZBA 2012-82) Applicant Paula Dowd and Owners Frank and Barbara Pisano, seek a Special Permit under SZO §4.4.1 for relief from the provisions of SZO §8.5.E to finish a portion of the basement to add additional living space to an existing two-family residence. RA zone, Ward 6.


219-221 Elm St. a/k/a 387-391 Summer St and 217 Elm St. a/k/a 376 Summer St: (Case #ZBA 2012-83) Applicant Painted Burro, Inc. and Owner Lavaty Family Trust, seek a Special Permit with Design Review under SZO 7.11.10.1.1.c to establish a restaurant use between 5,000 and 9,999 gross square feet and a Special Permit under SZO §4.4.1 to modify the storefront, including window openings, of the existing nonconforming structure. CBD zone, Ward 6.

Copies of these petitions are available for review in the Office of Strategic Planning and Community Development, located on the third floor of City Hall, 93 Highland Avenue, Somerville, MA, Mon-Wed, 8:30 am-4:30 pm; Thurs, 8:30 am-7:30 pm; and Fri, 8:30 am-12:30 pm; and at somervillema.gov/planningandzoning. As cases may be continued to later dates, please check the agenda on the City's website or call before attending. Continued cases may not be re-advertised. Interested persons may provide comments to the Zoning Board of Appeals at the hearing or by submitting written comments by mail to OSPDC, Planning Division, 93 Highland Avenue, Somerville, MA 02143; by fax to 617-625-0722; or by email to dperreira@somervillema.gov.

Attest: Dawn Pereira, Administrative Assistant

Published in Somerville News on 10/3/12 & 10/10/12.

10/3/12, 10/10/12 The Somerville News



CITY OF SOMERVILLE
PURCHASING DEPARTMENT
IFB # 13-33

The City of Somerville, through the Purchasing Department invites sealed bids for:

Fire Hydrants and Related Parts


An invitation for bids (IFB) and specifications may be obtained at the Purchasing Department, City Hall, 93 Highland Ave., Somerville, MA, 02143 on or after: **Monday, October 8, 2012**. Sealed bids will be received at the above office until: **Wednesday, October 24, 2012 at 11:00 A.M.** at which time sealed bids will be open. The Purchasing Director reserves the right to reject any or all proposals if, in her sole judgment, the best interest of the City of Somerville would be served by so doing.

The contract term shall be for a period of one (1) year, from 11/1/2012 through 10/31/2013, with two (2), one - year options to renew.

Email Orazio DeLuca at odeluca@somervillema.gov for all bid information.

Angela M. Allen
 Purchasing Director
 617-625-6600 ext. 3400

10/10/12 The Somerville News



CITY OF SOMERVILLE
PURCHASING DEPARTMENT
IFB # 13-35

The City of Somerville, through the Purchasing Department invites sealed bids for:

Roof Repairs of all Municipal Buildings

An invitation for bids (IFB) and specifications may be obtained at the Purchasing Department, City Hall, 93 Highland Ave., Somerville, MA, 02143 on or after: **Wednesday, October 10, 2012**. Sealed bids will be received at the above office until: **Thursday, October 25, 2012 at 11:00 A.M.** at which time sealed bids will be open. The Purchasing Director reserves the right to reject any or all proposals if, in her sole judgment, the best interest of the City of Somerville would be served by so doing.


The contract term shall be from November 7, 2012 through November 6, 2013

Prevailing wage rates apply to this contract. A 5% Bid Deposit will be required.

For bid packages and specifications please email: Orazio DeLuca, Contract Manager: odeluca@somervillema.gov

Angela M. Allen
 Purchasing Director
 617-625-6600 ext. 3400

10/10/12 The Somerville News



CITY OF SOMERVILLE
PURCHASING DEPARTMENT
IFB # 13-34

The City of Somerville, through the Purchasing Department invites sealed bids for:

Fire Truck and Ladder, for the City of Somerville Fire Department.

An invitation for bids (IFB) and specifications may be obtained at the Purchasing Department, City Hall, 93 Highland Ave., Somerville, MA, 02143 on or after: **Monday, October 8, 2012**. Sealed bids will be received at the above office until: **Monday, October 29, 2012 at 11:00A.M.** at which time sealed bids will be open. The Purchasing Director reserves the right to reject any or all proposals if, in her sole judgment, the best interest of the City of Somerville would be served by so doing.

All bids shall be accompanied by a bid deposit in the form of a certified, cashier's or treasurer's check issued by a responsible bank or trust company made payable to the City of Somerville or a bid bond, in an amount not less than five percent (5%) of the value of the bid.


Prevailing Wage Rates apply to this procurement.

The contract term shall be for a period from 11/01/2012 through 10/31/2013.

Please contact Karen Mancini, Asst. Purchasing Director, x3412, or email kmancini@somervillema.gov for information and bid packages.

Angela M. Allen
 Purchasing Director
 617-625-6600 ext. 3400

10/10/12 The Somerville News



CITY OF SOMERVILLE
OFFICE OF CITY CLERK
BOARD OF ALDERMEN

There will be a Public Hearing before the Board of Aldermen's Committee on Licenses and Permits on **Wednesday, October 17, 2012 at 6:00 PM**, in the Committee Room on the 2nd Floor of City Hall, 93 Highland Avenue, on two petitions of Auto Gallery of Somerville LLC dba American Auto Gallery at 682 Mystic Avenue:

1. A Garage License, for mechanical repairs, washing vehicles, and storing vehicles, all for 2 vehicles inside and no vehicles outside, operating Mon-Thu 9AM-7PM, Fri-Sat 9AM-6PM, Sun Closed.
2. A Used Car Dealer's License Class II, storing no vehicles inside and 23 vehicles outside, operating Mon-Thu 9AM-7PM, Fri-Sat 9AM-6PM, Sun Noon-5PM.

THE PUBLIC IS INVITED TO ATTEND AND BE HEARD.

JOHN J. LONG
 CITY CLERK

10/10/12 The Somerville News

A hearing for all persons interested will be given by the **Somerville Licensing Commission** on **Monday, October 15, 2012** at the Senior Center, Tufts Administration Building, 167 Holland St., Somerville, MA at **6:00PM** on the application of Painted Burro, Inc., 219 Elm St. for alterations to premises to expand into the space next door known as 217 Elm St., Somerville, MA and to extend the Entertainment licenses for Entertainment by Performers, Patrons and Devices.

For the Commission
 Andrew Upton
 Vito Vaccaro
 John J. McKenna

Attest: **Janneen Paoliano**
 Administrative Assistant

10/3/12, 10/10/12 The Somerville News

PATS TOWING

*****NOTICE TO OWNERS ONLY*****

The following abandoned and / or junk motor vehicles will be disposed of or sold, any questions regarding this matter please contact Pat's Towing.
 Monday-Friday 8:00am-5:00pm
 Tel: 617-354-4000, Fax 617-623-4287

2002	Chevrolet	Malibu	Vin# 1G1ND52J52M680625
1993	Dodge	Caravan	Vin# 1B4GH4R7PX59131
1998	Dodge	Neon	Vin# 1B3E3479W0D20108
2003	Ford	Crown	Vin# 2FAFP71W63X192232
1980	MG		Vin# GVVDJ26507256

Safe Date: October 25, 2012
 Time: 12:00 PM
 Location: 160 McGrath Hwy. -Somerville, MA 02143

9/26/12, 10/3/12, 10/10/12 The Somerville News

A hearing for all persons interested will be given by the **Somerville Licensing Commission** on **Monday, October 15, 2012** at the Senior Center, Tufts Administration Building, 167 Holland St., Somerville, MA at **6:00PM** on the application of Aguacate Verde for a New All Forms alcoholic beverages 7day Restaurant license at 13 Elm St., Somerville, MA

For the Commission
 Andrew Upton
 Vito Vaccaro
 John J. McKenna

Attest: **Janneen Paoliano**
 Administrative Assistant

10/3/12, 10/10/12 The Somerville News

TO PLACE LEGAL ADVERTISEMENTS IN THE
SOMERVILLE NEWS, CONTACT
CAM TONER BY 12 PM MONDAY
PH: 617.666.4010 • FAX: 617.628.0422

ABUTTER PUBLIC HEARING NOTIFICATION

Petitioner: AUTO GALLERY OF SOMERVILLE LLC

Address: 682 MYSTIC AVE
SOMERVILLE MA 02145

Date: 10-09-2012

To an Abutter or Interested Party:

A Public Hearing for all persons interested will be held before the Somerville Board of Aldermen in the ___ Aldermanic Chambers / Committee Room, City Hall, 2nd Floor, 93 Highland Avenue, Somerville, MA, 02143, on the following date: WEDNESDAY OCTOBER 17 2012 at 6:00 PM, to consider pending cases and hear testimony as to the following matter. You, the abutter or interested party, are invited to appear and be heard at this Hearing.

Description of Permit/License Application, including Location: AUTO GALLERY OF SOMERVILLE LLC, DBA AMERICAN AUTO GALLERY SEEK A USED CAR DEALER CLASS II LICENSE, STORING 2 CARS INSIDE AND 23 CARS OUTSIDE AND A GARAGE LICENSE FOR MECHANICAL REPAIRING, WASHING CARS, AND STORING UN REGISTERED AUTOS. STORING 2 CARS INSIDE AND 23 CARS OUTSIDE ALL TO BE LOCATED AT 682 MYSTIC AVE SOMERVILLE MA 02145.

OPERATION HOURS: MON, THRU, WEDNES, THURSDAY FROM 9:00 AM TO 7:00 PM

FRIADAY, SATURDAY FROM 9:00 AM TO 6:00 PM

Sincerely,

SUNDAY

FROM 12:00 NOON TO 5:00 PM

SUNDAY WILL BE SELLING CARS ONLY



Petitioner's Signature

SOMERVILLE, MA

Street Number	Street Location	Grantee	Co grantee's Name	Mailing Address	City	St Zip
712	MYSTIC AVE	PETRUZZIELLO GIORGIO & VERONIC		712 MYSTIC AVE	SOMERVILLE	MA 02145
708	MYSTIC AVE	PETRUZZIELLO GIORGIO & VERONIC		712 MYSTIC AVE	SOMERVILLE	MA 02145
112	FREMONT ST	DRINKWATER WILLIAM A		112 FREMONT ST	SOMERVILLE	MA 02145
106	FREMONT ST	HUTCHINS MICHAEL RICHARD		106 FREMONT ST	SOMERVILLE	MA 02145
104	FREMONT ST	ROACHE JAMES & LORRAINE L TRST	ROACHE REALTY TRUST	104 FREMONT ST	SOMERVILLE	MA 02145
102	FREMONT ST	BURGESS STEPHEN G & DONETTA A		102 FREMONT ST	SOMERVILLE	MA 02145
100	FREMONT ST	LIN YONG KANG & WU SAI FEL		42 BEACH ST #9B	BOSTON	MA 02111
59	EAST ALBION ST	SPARKS ROBERT W & TINAMARIE		59 EAST ALBION ST	SOMERVILLE	MA 02143
61	EAST ALBION ST	MACDONALD SANDRA B		61 EAST ALBION ST	SOMERVILLE	MA 02145
706	MYSTIC AVE	ANALETTO THOMAS A TRSTEE		2500 MYSTIC VALLEY PKWY #305	MEDFORD	MA 02155
114	MORELAND ST	BAYANI BENJAMIN P & CRISTINA M		114 MORELAND ST	SOMERVILLE	MA 02145
110	MORELAND ST	LYTLE CAROLYN		110 MORELAND ST	SOMERVILLE	MA 02145
108	MORELAND ST	CONCEICAO VICTOR		108 MORELAND ST	SOMERVILLE	MA 02145
106	MORELAND ST	MARCELLO DEZ		106 MORELAND ST	SOMERVILLE	MA 02145
0	EAST ALBION ST	DELL'ISOLA MICHAEL J & DOREEN		41 EAST ALBION ST	SOMERVILLE	MA 02144
41	EAST ALBION ST	DELL'ISOLA MICHAEL J & DOREEN		41 EAST ALBION ST	SOMERVILLE	MA 02145
105	FREMONT ST	DRINKWATER ANNA L FOR LIFE		105 FREMONT ST	SOMERVILLE	MA 02145
0	FREMONT ST	DRINKWATER WILLIAM A		112 FREMONT ST	SOMERVILLE	MA 02145
50	EAST ALBION ST	MACDONALD ROY F		50 EAST ALBION ST	SOMERVILLE	MA 02145
48	EAST ALBION ST	MACDONALD MARJORIE E		48 EAST ALBION ST	SOMERVILLE	MA 02145
46	EAST ALBION ST	BROWN NIKKI JO & JEFFREY P		46 EAST ALBION ST	SOMERVILLE	MA 02145
42	EAST ALBION ST	GLINES STEPHEN A JR		42 EAST ALBION ST	SOMERVILLE	MA 02145
98	MORELAND ST	MONTEIRO CHRISTOPHER TRUSTEE		PO BOX 477	MEDFORD	MA 02155
89	FREMONT ST	CARRILLO GILBERT & SANDRA		89 FREMONT ST	SOMERVILLE	MA 02145
88	FREMONT ST	MACDONALD SANDRA B		61 EAST ALBION ST	SOMERVILLE	MA 02145
86	FREMONT ST	SUTTON PETER M		88 FREMONT ST	SOMERVILLE	MA 02145
		WALSH PATRICK J		86 FREMONT ST #3	SOMERVILLE	MA 02145



**MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.



*Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

46-0627833

**Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: ~~Auto Gallery of Somerville LLC~~ DBA American Auto Gal

Address of taxpayer/applicant's business in Somerville: 682 Mystic Ave Somerville MA 02145

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: 617-669-2950 evening: 617-669-2950

I, (print name) Fadi M. Suleiman, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of

_____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____
10712 # 248005011 # _____ # _____

NOTES:

CLERK'S INITIALS: UB

ORIGINAL STAMP:

RECEIVED
UBancus

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: ~~Auto Gallery of Somerville "Inc"~~ American Auto Gallery
Address: 682 Mystic Ave Somerville MA 02145
City: Somerville State: MA Zip: 02145 Phone #: 617-440-6651

- I am an employer with 1 employees (full and/or part time). Business Type: Retail
 I am a sole proprietor or partnership and have no employees. Restaurant/Bar/Eating Establishment
 We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. Office and/or Sales (real estate, auto, etc.)
 We are a nonprofit organization staffed by volunteers and have no employees. Nonprofit
 Entertainment
 Manufacturing
 Health Care
 Other _____

Workers' compensation insurance information (if applicable):

Insurance Company Name: NorGuard Insurance Company
Address: P.O. BOX A-H
City: Wilkes-Barre State: PA Zip: 18703 Phone #: 1800-673-2465
Policy #: AUWC354520 Expiration Date: 09-24-2013

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 09-25-2012
Print Name: Fadi M. Suleiman

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ Permit/License #: _____

Contact Person: _____ Phone #: _____

Board of Health
 Building Department
 City/Town Clerk
 Licensing Board
 Selectmen's Office
 Other _____

(revised Jan. 2008)



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

Special Filing Instructions

Certificate of Organization
 (General Laws, Chapter...)

Federal Employer Identification Number: 460627833 (must be 9 digits)

1. The exact name of the limited liability company is: FMS AUTO SALES LLC

2a. Location of its principal office:

No. and Street: 682 MYSTIC AVE
 City or Town: SOMERVILLE State: MA Zip: 02145 Country: USA

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

No. and Street: 682 MYSTIC AVE
 City or Town: SOMERVILLE State: MA Zip: 02145 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:

BUYING,SELLING,TRADING AND REPAIRING USED CARS.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: FADI M SULEIMAN
 No. and Street: 682 MYSTIC AVE
 City or Town: SOMERVILLE State: MA Zip: 02145 Country: USA

I, FADI M SULEIMAN 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	FADI M SULEIMAN	682 MYSTIC AVE SOMERVILLE, MA 02145 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>
SOC SIGNATORY	FADI M SULEIMAN	682 MYSTIC AVE SOMERVILLE, MA 02145 USA