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: 001298886

1. The exact name of the limited liability company is: CONTEXT CAPITAL ASSET MANAGEMENT LLC

2a. Location of its principal office:
No. and Street: 123 SOUTH STREET NO. 2
City or Town: NORTHAMPTON State: MA Zip: 01060 Country: USA

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

No. and Street: 123 SOUTH STREET NO. 2
123 SOUTH STREET NO. 2
City or Town: NORTHAMPTON State: MA Zip: 01060 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:
MANAGEMENT CONSULTING SERVICES PRIMARILY PROVIDING ADVICE AND ASSISTANCE TO BUSINESSES AND OTHER ORGANIZATIONS ON MANAGEMENT ISSUES, SUCH AS STRAT EGIC AND ORGANIZATIONAL PLANNING; FINANCIAL PLANNING AND BUDGETING; MARKE TING OBJECTIVES AND POLICIES; HUMAN RESOURCE POLICIES, PRACTICES, AND PLANNI NG; PRODUCTION SCHEDULING; CONTROL PLANNING; AND EXECUTION

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:
Name: MELISSA L. FRYDLO
No. and Street: 123 SOUTH STREET NO. 2
City or Town: NORTHAMPTON State: MA Zip: 01060 Country: USA

I, MELISSA FRYDLO 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 First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	MELISSA LYNN FRYDLO	123 SOUTH STREET NO. 2 NORTHAMPTON, MA 01060 UNI

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 First, Middle, Last, Suffix	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:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	MELISSA LYNN FRYDLO	123 SOUTH STREET NO. 2 NORTHAMPTON, MA 01060 UNI

9. Additional matters:

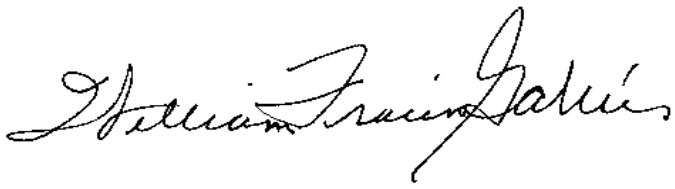
SIGNED UNDER THE PENALTIES OF PERJURY, this 12 Day of November, 2017,
MELISSA L FRYDLO

(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:

November 12, 2017 09:16 PM



WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth