PUBLIC OFFERING STATEMENT

LAUREL RIDGE

EXHIBIT D

Certificate of Incorporation of the Association



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
PHONE: 860-509-6003

WEBSITE: Www.concord-sots.cd.gov

CERTIFICATE OF INCORPORATION NONSTOCK CORPORATION

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY

		WZ X 11 SHEETS IF NECESSARY.						
FILING PAR	RTY (CONFIRMATION WILL BE SENT TO THIS ADI	DRESS): FILING FEE: \$50						
		MAKE CHECKS PAYABLE TO "SECRETARY						
NAME:	Donna R. Skaats, Attorney	OF THE STATE						
ADDRESS:	116 Sachem Street							
CITY:	Norwich							
STATE:	CT ZIP: 0636	50						
1. NAME OF	CORPORATION:							
Laurel Ric	Ige Owners Association, Inc.							
1	•	HAVE OR ISSUE SHARES OF STOCK OR MAKE						
DISTRIBUTIO	NS.	HAVE OR ISSUE SHARES OF STOCK OR MAKE						
2. PLACE A	CHECK NEXT TO THE APPROPRIATE ST	TATEMENT:						
A. THE CORPORATION SHALL NOT HAVE MEMBERS.								
F B. THE CO	PRPORATION SHALL ONLY HAVE MEMI	BERS, WHICH ARE NOT ENTITLED TO VOTE.						
C. THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS.								
D. THE CO	RPORATION SHALL HAVE MULTIPLE C	LASSES OF MEMBERS WHICH CLASSES ARE						
DESIGNATED AS FOLLOWS: PLEASE NOTE: THE MANNER OF ELECTION AND APPOINTMENT OF MEMBERS ALONG WITH THEIR QUALIFICATIONS AND RIGHTS MAY BE								
SET FORTH IN THI	IS CERTIFICATE OR IN THE CORPORATION'S BYL	AVS. PLEASE SEE C.G.S.S. 22.1055 P. 1050						
3. APPOINTM	ENT OF REGISTERED AGENT: (PLEASE SI	FLECTON VONE A OR RI						
	L'S AGENT NAME:							
BUSINESS AL	ODRESS: (P.O.BOX UNACCEPTABLE)	DECIDENCE ADDRESS (DA SOLUTION)						
ADDRESS:	, , , , , , , , , , , , , , , , , , , ,	RESIDENCE ADDRESS: (P.O.BOX UNACCEPTABLE)						
ADDRESS.		ADDRESS:						
an i tem a								
CITY:		CITY:						
STATE:	ZIP:	STATE: ZIP:						
B. Business i	ENTITY AGENT NAME: Cramer & Anderso	nLLP						
ADDRESS: (P.O.BOX UNACCEPTABLE)								
ADDRESS:	51 Main Street							
CITY:	New Milford							
STATE:	CT ZIP: 06776							
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ACCEPTANCE OF ADDOLL	TERENT!	7142 E'A	derom	110					
ACCEPTANCE OF APPOINTMENT! Crawer & Anderson LLP									
SIGNATURE OF AGENT Lisa Buzaid									
4. THE NATURE OF THE ACTIVITIES TO BE CONDUCTED OR THE PURPOSES TO BE PROMOTED BY THE									
CORPORATION:	HAILIES TO E	BE CONDUCTE	D OR TH	IE PURP	OSES TO E	E PROMOTED BY THE			
to operate as the associat Milford, Connecticut, (the Interest Ownership Act ("C exercise all powers and at	tion of unit own "Common Inter CIOA") and to e	ers of the commenty	oea, and, non intere ") to be e	without. est comm stablishe	limiting the granity known drunder the	Connecticut Common			
5. ÖTHER INFORMATION:				***************************************					
See attached									
6. CORPORATION EMAIL AD	DRESS - REQ	UIRED: (IF NO	ONE, MUS	ST STAT	E "NONE ")				
		BLYNXAS			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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7. EXECUTION: CERTIFICATE MU	JST BE SIGNED	BY EACH INCO	OTAGOGS	D.					
neven villa		of July	ar Onni O	'n					
DATED THIS WAY		DF July			,20 15	**************************************			
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NAME OF INCORPORATOR		ADDRESS				SIGNATURE(S)			
	ADDRESS:	c/o Lynx Asset	Services,	LLC	//				
Michael Alfieri		30 Freneau Av	enue		//				
	CITY	Matawan		į	/	$U \sim 1$			
	STATE:	NJ	ZIP:	07747					
	ADDRESS:		**************************************						
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