RI SOS Filing Number: 201747549540 Date: 7/21/2017 1:33:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Divisi						
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		R.I. DEPT. OF ST BUS SVCS D				
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:						
The name of the limited liability company is:		ယ္				
U'NIQUE DIVERSITY	LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:						
Shance ikga						
Street Address (NOT a P.O. Box) 134 Houston St.						
City/Town Providence	State RHODE ISLAND	Zip Code ω 905				
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (check ONE box):						
partnership or						
a corporation or						
disregarded as an entity separate from its member						
4. The address of the principal office of the limited liability company if it is determined at the time of organization:						
Street Address 134 Houston St.						
City/Town Providence	State R (Zip Code 0 2 9 0 5				

5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a more limited purpose or duration is set forth in

MAIL TO:

Division of Business Services 148 W. River Street, Providence. Rhode Island 02904-2615

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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BY Cu. (17579738)

6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:							
				Che	eck this b	pox to indicate attachment.	
7. The Limited Liability Company is to be managed by:							
You MUST check one box: Its member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart below.)							
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)							
MANAGER	ADDRESS						
Shanee Vega	134 Ho	usto	<u>. a.</u>	Street	Prov	idenie Pl 02905	
0					•		
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX							
Date received (Upon filing)							
Later effective date (Date must be no more than 30 days from the day of filing)							
Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.							
Name of Authorized Person		Addres					
Shanee Vega	ee Vega 134 Houston Street				et		
City/Town		8	State			Zip Code	
Providence			RI			02905	
Signature of Authorized Person SIGNEON FILE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGN			Date 7 31 17				

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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:

July 21, 2017 01:33 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

