Filing Fee: \$150.00

ID	Number:	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State **Corporations Division** 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

1. T	The name of the limited liability company is:				
<u>J</u>	ohn Eldred Farm II	, LLC			
2. T	he address of the lin	nited liability company's resident age	nt in Rhode Island is:		
	10 Weybosset Stre	et	Providence	, RI 02903	
-		Address, not P.O. Box)	(City/Town)	(Zip Code)	
_	and the manner of the	resident agent at such address is	Sherry A. Goldin		
а	d the name of the resident agent at such address is Snerry A. Goldin (Name of Agent)				
	a partnersh The address of the p	incipal office of the limited liability co	disregarded as an	entity separate from its member	
-		· · · · · · · · · · · · · · · · · · ·			
_		(If not determined,	so state)		
u	ıntil dissolved or terr	ompany has the purpose of engaging ninated in accordance with Chapter T Articles of Organization.	g in any lawful business, a 7-16, unless a more limited	and shall have perpetual existence I purpose or duration is set forth in	
				17 C7 4 833Z	
Form !	FEB 2 1 2008			SUSBEEB ST PH	
Revised: 09/06		Budan 1111		COMSONALIO	

Organization including but not limited	stent with law, which the members elect to have set forth in these Articles of to, any limitation of the purposes or duration for which the limited liability ion which may be included in an operating agreement:
7. Management of the Limited Liability Com	npany:
A. The limited liability company is to be no. 8.)	managed v by its members. (If you have checked this box, go to item
	<u>or</u>
B. The limited liability company is to company has managers at the ti address of each manager.)	be managed by one (1) or more managers. (If the limited liability ime of the filing of these Articles of Organization, state the name and
<u>Manager</u>	Address
Upon filing	are to become effective, if later than the date of filing, is:
(not prior to, nor more	than 30 days after, the filing of these Articles of Organization)
	Name and Address of Authorized Person:
	Sherry A. Goldin
	10 Weybosset Street
	Providence, RI 02903
	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.
Date: 02/20/2008	Single of Authorized Bosses
	Signature of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

