Filing Fee: \$150.00 ID Number:	
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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

• •	The name of the limited liability company is:		
	South County Financial Advisors, LLC		
2.	The address of the limited liability company's resident a	gent in Rhode Island is:	
	222 Jefferson Blvd., Suite 200	Warwick	, RI 02888
	(Street Address, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)
	and the name of the resident agent at such address is	Incorp Services, Inc.	•
	and the hame of the resident agent at such address is	(Name of	Agent)
	(Crieck Or	ne box only)	
			entity separate from its member
.		disregarded as an e	entity separate from its member the time of organization:

Form No. 400 Revised: 09/06

Organization, including, but not limited to, any limitation of the purposes or duration for which the limited liabilicompany is formed, and any other provision which may be included in an operating agreement:				
Management of the Limited Liability Company:				
A. The limited liability company is to I no. 8.)	be managed very by its members. (If you have checked this box, go to itel			
	<u>or</u>			
B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)				
Manager	<u>Address</u>			
The date these Articles of Organization	n are to become effective, if later than the date of filing, is:			
(not prior to nor mo	ore than 30 days after, the filing of these Articles of Organization)			
(not prior to, not mo	ine than 50 days after, the hining of these Articles of Organization)			
(not phot to, not mo	Name and Address of Authorized Person:			
(not phot to, not me	,			
(not phot to, not me				
(not phot to, not me	Name and Address of Authorized Person: SZIOT LINDEROCYNROSE. 174 MUSTIALE VILLAGE, (A 91567 CREGORY MONTERROS A			
(not phot to, not me	Name and Address of Authorized Person: S2107 Lin Devel Con Pol Ste 174 The Start of Perjury, I declare and affirm that I have examined these Articles of Organization, including all			
(not phot to, not me	Name and Address of Authorized Person: SZIOT LINDEROC INRO STE. 174 THISTIALLY INFORMATION OF DECIDED MONTERPOS A Under penalty of perjury, I declare and affirm that I have			
e: 9/8/200\	Name and Address of Authorized Person: S2107 LM DEROC MRD Stc. 124 TARSTINE VILLAGE (A DISUT Under penalty of perjury, I declare and affirm that I had examined these Articles of Organization, including a accompanying attachments, and that all statements contains.			



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

