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.	The name of the limited liability company is:				
	KAAL BEALTY LCC.				
2.	The address of the limited liability company's resident agent in Rhode Island is:				
	768 BPOILD S7. (ENTRA/FA//S , RI 02863 (City/Town) (Zip Code)				
	(Street Address, <u>not P.O. Box)</u> and the name of the resident agent at such address is (City/Town) (Zip Code)				
	(Name of Agent)				
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 only)				
	a partnership <u>or</u> X a corporation <u>or</u> disregarded as an entity separate from its member				
4.	S COC AP RESERVE				
4.	The address of the principal office of the limited liability company if it is determined at the time of organization				
4.	S COC AP RESERVE				

FILED

Form No. 400 Revised: 09/06

	company is formed, and any other provi	d to, any limitation of the purposes or duration for which the limited liability ision which may be included in an operating agreement:		
		· · · · · · · · · · · · · · · · · · ·		
				
7.	Management of the Limited Liability Company:			
	A. The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 8.)			
		<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.)			
	<u>Manager</u>	<u>Address</u>		
		<u> </u>		
8.	The date these Articles of Organization	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:		
-				
		Under penalty of perjury, I declare and affirm that I have		
Dat	4/1/09	examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.		



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

