Filing Fee: \$150.00



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

Top Shelf Sedan Service, LLC The address of the limited liability company's resider 43 Center St. (Street Address, not P.O. Box) and the name of the resident agent at such address	at agent in Rhode Island is: Bristol (City/Town)	, RI	02809
43 Center St. (Street Address, not P.O. Box)	Bristol	, RI	02800
(Street Address, not P.O. Box)		, RI	U38U8
	(City/Town)	, , -,	ヘアハハ ユ
and the name of the resident agent at such address			(Zip Code)
	Scott DaLuz		•
	(Name o	f Agent)	
The address of the principal office of the limited liability			rate from its membe
43 Center St. Bristol, RI 02809			organization.
(If not determine	ned, so state)	· · · · · · · · · · · · · · · · · · ·	
The limited liability company has the purpose of enga	aging in any lawful business, an	ıd shall hav	e perpetual existend duration is set forth

SECRIVED SING CONTRACTOR STATE CORPORATIONS ON CONTRACTOR STATE CORPORATIONS ON CORPORATIONS O

NOV 1 8 2009

Form No. 400 Revised: 09/06

Q	Additional provisions, if any, not inconsistent with law, which the members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement: Members of Top Shelf Sedan Service, LLC consist of Timothy J. DaLuz and Jeffrey F. DosReis. Capital			
		be divided evenly to both members. Management decisions		
		Mr. DaLuz and Mr. Dos Reis if within the normal course of		
_	business. If a member of the LLC decides to sell his interest, the remaining member will have first			
_	opportunity to purchase.			
. N	Management of the Limited Liability Company:			
Α	A. The limited liability company is to be mana- no. 8.)	ged very by its members. (If you have checked this box, go to item		
		<u>or</u>		
В		anaged by one (1) or more managers. (If the limited liability f the filing of these Articles of Organization, state the name and		
_	Manad <u>er</u>	Address		
_	-	- · ••• A2275		
_				
_				
	he date these Articles of Organization are to b	become effective, if later than the date of filing, is:		
	(not prior to, nor more than 30	0 days after, the filing of these Articles of Organization)		
		Name and Address of Authorized Person: Timothy J. DaLuz		
		141 Hunter St. Apt. #3		
		Fall River, MA 02721		
ate:	11/18/2009	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.		
		Signature of Authorized Person		