



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Articles of Organization**

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: sfr medical equipment llc

ARTICLE II

The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:

No. and Street: 55 HOLLOW CIRCLE

City or Town: WEST WARWICK

State: RI

Zip: 02893

The name of the resident agent at such address is: STEPHANIA FENELON

ARTICLE III

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 ☒ a corporation ☐ disregarded as an entity separate from its member

ARTICLE IV

The address of its principal office of the limited liability company if it is determined at the time of organization:

No. and Street: 55 HOLLOW CIRCLE

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

ARTICLE V

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other provision which may be included in an operating agreement:

SUPPLY MEDICAL EQUIPMENT FOR REHABILITATION PURPOSES.

ARTICLE VII

The limited liability company is to be managed by its ___ Members or X Managers (check one)
(If managed by Members, go to ARTICLE VIII)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	STEPHANIA FENELON	55 HOLLOW CIRCLE WEST WARWICK, RI 02893 USA
MANAGER	MARIE ROUSSEAU	55 HOLLOW CIRCLE WEST WARWICK, RI 02893 USA

ARTICLE VIII

The date these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization.

Later Effective Date:

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 23 Day of January, 2014 at 2:33:14 PM by the Authorized Person.

STEPHANIA FENELON

Address of Authorized Signer:

55 HOLLOW CIRCLE WEST WARWICK RI 02893

Form No. 400
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved