Domestic LLC Articles of Organization Reference: QS - 400 - 10804





## **FILED**

JAN 3 0 2014

Office of the Secretary of State **Division Of Business Services** 148 W. River Street **Providence RI 02904-2615** BY (POS 10804 3 36m) (401) 222-3040

Organization are adopted for the limited liability company to be The Fee for this Form is:	\$150.00 153.63			
Total Cost of Online Filing will be:				
ARTICLE I				
the name shall contain the word "limited liability company" or the upper or lower case letters [:].c." with or without punctuation.  The name of the limited liability company is:				
siness Name* Benefit Saver Plus, LLC				
Benefit Sav				
ARTICLE II				
ARTICLE II				
ARTICLE II The street address (post office boxes are not acceptable) of the	limited liability company's resident agent in Rhode Island is:			
ARTICLE II The street address (post office boxes are not acceptable) of the Street*	limited liability company's resident agent in Rhode Island is:			
ARTICLE II The street address (post office boxes are not acceptable) of the Street* Street 2	limited liability company's resident agent in Rhode Island is:  339 Aqueduct Rd			
ARTICLE II The street address (post office boxes are not acceptable) of the Street* Street 2 City*	limited liability company's resident agent in Rhode Island is:  339 Aqueduct Rd  Cranston			
ARTICLE II The street address (post office boxes are not acceptable) of the Street* Street 2 City* State*	limited liability company's resident agent in Rhode Island is:  339 Aqueduct Rd  Cranston  Rhode Island			

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:\* disregarded as an entity separate from its member

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

If not determined, so state\* Street 1\*

Street 2

City\* State\* **Entered Below** 

339 Aqueduct Rd

Cranston

**Rhode Island** 

Zip*	*	02910			
ARTICLE V					
The limited liability company has the these Articles of Organization.  The period of its dura Enter date if not perp	tion is*	y lawful business, unless a more limited purpose is set forth in Article Vi			
ARTICLE VI					
elect to have set forti	n in these Artic ion of the purp	consistent with law, which members cles of Organization, including, but not coses or any other provision which may ent			
ARTICLE VII					
The limited liability comanaged*	ompany is to be	e by its members			
Date Signed and Subr	nitted:	3:26 PM Thu Jan 30 2014			
You have indicated that this com	pany will be managed	by it's members. No Manager information is required.			
ARTICLE VIII					
The date these Articles of Organization	on are to become effective	e, not prior to, nor more than 30 days after the filing of these Articles o			
30 Jan 2014	-				
Contact Information Prefix		7			
First Name*	Michael				
Middle Initial	1	7			
Last Name*					
Suffix					
Title					
Phone*	<u> </u>				
Fax	· ···-				
Email					
Contact Company (If filing)	different from				
Contact Address					
Street 1*		339 Aqueduct Rd			
Street 2					
City*		Cranston			
State*		Rhode Island			
Zip*		02910			

Signature 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 §-16. Signed By **Business Name\*** Benefit Saver Plus, LLC First Name\* Michael Middle Initial Last Name\* Howard **Phone** 704 488 5874 **Address of Signer** Street 1\* 339 Aqueduct Rd Street 2 City\* Cranston **Rhode Island** State\* Zip\* 02910 Affidavit: By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 716. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode Island. If this document is filed inaccurately, defectively or erroneously executed, acknowledged or otherwise defective in any respect, the secretary of state has no liability to any individual for the preclearance for filing, the acceptance for filing or the filing and indexing of this instrument by the secretary of state. Accept\* **Date Signed and Submitted:** 3:26 PM Thu Jan 30 2014



## 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

