



FILED

AUG 19 2014

By ADK 10937
6:18pm

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

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION

Pursuant to the provisions of Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

The Fee for this Form is:
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 "LLC." with or without punctuation.

The name of the limited liability company is:

Business Name*

ARTICLE II

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

Street*
Street 2
City*
State*
Zip*
This section requires a Rhode Island Address
**and the name of the resident agent
at such address is:***

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: *
a partnership**

ARTICLE IV

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* **Entered Below**
Street 1*
Street 2
City*
State*

Zip*

02871

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

Enter date if not 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

ARTICLE VII

The limited liability company is to be by one (1) or more managers managed*

Date Signed and Submitted:

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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

Managers

Address

Street 1*

22 channing st

Street 2

City*

Newport

State*

Rhode Island

Zip*

02840

Name

First Name*

Benjamin

Middle Initial

Last Name*

Cormack

Phone

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.

20 Aug 2014

Contact Information

Prefix

Mr

First Name*

Benjamin

Middle Initial

Last Name*

Cormack

Suffix
Title
Phone*
Fax
Email
Contact Company (If different from filing)
Contact Address
Street 1*
Street 2
City*
State*
Zip*

PO Box 962
Portsmouth
Rhode Island
02871

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 § 7-16.

Signed By
Business Name*
First Name*
Middle Initial
Last Name*
Phone
Address of Signer
Street 1*
Street 2
City*
State*
Zip*

BC Nautical
Benjamin
Cormack
22 channing st
Newport
Rhode Island
02840

Affidavit:

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. 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:

Yes
6:18 PM Tue Aug 19 2014



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

