Filing Fee: \$150.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

## ARTICLES OF ORGANIZATION

Pursuant to the provisions of Chapter 7-16 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:

| 1. | The name of the limited liability company is:  TITLEMAX, LLC   |   |                           |  |  |
|----|--|---|---------------------------|--|--|
| 2. | The address of the limited liability company's resident agent in Rhode Island is:  |   |                           |  |  |
|    | 915 SMITH STREET   | PROVIDENCE  | , ŔI                      | 02908  |  |
|    | (Street Address, <u>not</u> P.O. Box)  | (City/Town)   | <del></del> ,             | (Zip Code)   |  |
|    | and the name of the resident agent at such address is  | SUSAN BOUCHER   |                           |  |  |
|    |  | (Name o   | f Agent)                  |  |  |
| 3. | Under the terms of these Articles of Organization and a the limited liability company is intended to be treated for  | ny written operating agreeme<br>r purposes of federal income    | nt made or<br>taxation as | intended to be made,<br>:                          |  |
|    | (Check o   | ne box only)  |                           |  |  |
|    | a partnership <u>or</u> a corporation of   | or disregarded as an  | entity sepa               | rate from its member                               |  |
| 4. | The address of the principal office of the limited liability 915 SMTIH STREET  | company if it is determined at                                  | the time o                | f organization:                                    |  |
|    | PROVIDENCE, RI 02908   |   |                           |  |  |
|    | (If not determine  | d, so state)  |                           |  |  |
| 5. | The limited liability company has the purpose of engaguntil dissolved or terminated in accordance with Chapte paragraph 6 of these Articles of Organization. | ing in any lawful business, ar<br>r 7-16, unless a more limited | nd shall ha<br>purpose or | ve perpetual existence<br>duration is set forth in |  |
|    |  | FILE  |                           |  |  |
|    | n No. 400<br>ised: 09/06   | DEC 22 2014<br>A. A. 12:4                                       | OP.                       | $\bigcap$  |  |

|  | 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: |  |  |  |
|--|--|--|--|--|
| _  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Management of the Limited Liability Company (check one only):  |  |  |  |  |
| A. The limited liability company is to be managed by its members. (If you have checked this box, go to item No. 8 – DO NOT LIST ANY NAMES IN SECTION B.) |  |  |  |  |
| <u>or</u>  |  |  |  |  |
| В.   | 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>   |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Th.  | a data thaga Antialas of Onnanias time and the   |  |  |  |
|  | e date these Articles of Organization are to b<br>ON FILING  | ecome effective, if later than the date of filing, is:   |  |  |
|  |  | days after, the filing of these Articles of Organization)  |  |  |
|  |  | )  |  |  |
|  |  | Name and Address of Authorized Person:   |  |  |
| <u> </u>   |  | Name and Address of Authorized Person: SUSAN BOUCHER   |  |  |
| <u> </u>   |  | Name and Address of Authorized Person:   |  |  |
| <u> </u>   |  | Name and Address of Authorized Person: SUSAN BOUCHER 915 SMITH STREET  |  |  |
|  | 12/22/2014   | Name and Address of Authorized Person:  SUSAN BOUCHER  915 SMITH STREET  PROVIDENCE, RI 02908  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 |  |  |



## 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

