

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

CORPORAT

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ETARY OF STATE
PORATIONS DIV

Articles of Organization Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company

to be organized hereby:						
1. The name of the limited liability compa	ny is:		·····			
Virtual Contr	ôl lic	•				
2. The name and address of the limited li	ability company's resi	dent agent in Rhode Island is:				
Name Muchael Hage Street Address (NOT a P.O. Box)	a-					
Street Address (NOT a P.O. Box)						
120 Eastgate Dr.						
City/Town	State RHODE ISLAND		Zip Code			
warwick			02886			
3. 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):						
a partnership or a corporation or disregarded as an entity separate from its member						
4. The address of the principal office of th	e limited liability comp	pany if it is determined at the time	of organization:			
Street Address						
120 Eastgate Dr. City/Town						
City/Town	State		Zip Code			
warwick	RI		02886			
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.						

3:47 pm

FILED

MAR **18** 2016 By <u>938</u> 5086

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Form No. 400 Revised: 2015

6. Additional provisions, if any, of Organization, including, but a company is formed, and any ot	not limited to, any	limitation of the purp	ose(s) or duration for w	hich the limited liability
			Check this box	to indicate attachment
7. The Limited Liability Compan	y is to be manage	ed by:		
You MOST check one box: Its member(s) (If you have One (1) or more manager(s) (If the limited lia	ability company has r	nanager(s) at the time	pelow.) of the filing of these Articles
of Organization, state the n			low.)	
MANAGER	BUSINESS AE	DRESS		
<u>,,,</u>			 	***************************************
		······································		
8. Date when these Articles of C	l Proanization will be	e effective: CHECK (ONLY ONE BOX	
Date received (Upon filing)				
Later effective date (Date n	nust be no more th	nan 30 days from the	day of filing)	
Under penalty of perjury, I decla panying attachments, and that a				tion, including any accom-
Name of Authorized Person		Address		
Mechael dayes		120 East	gatebr. W	
City/Town		State 0	Zip Code	
Warwick		RI	02886	
Signature of Authorized Person		•	Date	,
MARCHA	se		3/1	9/16
	7		1 0/10	/· *

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

