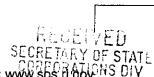


## State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



2016 MAY -2 AM 10: 39

## **Articles of Organization DOMESTIC 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:						
DUBOFF HOLDINGS, LLC							
2. The name and address of the initial res	ident agent/office in Rhode Island is:						
Name NANCY GIBBEMEYER		•					
Street Address ( <u>NOT</u> a P.O. Box) <b>7 JANE LANE</b>							
City/Town BRISTOL	State RHODE ISLAND	Zip Code <b>02809</b>					
3. Under the terms of these Articles of Orthe limited liability company is intended to	ganization and any written operating agreement made be treated for purposes of federal income taxation as	or intended to be made, (check ONE box):					
a partnership <b>or</b>							
a corporation <b>or</b>							
disregarded as an entity separate from its member							
4. The address of the principal office of th	e limited liability company if it is determined at the time	of organization:					
Street Address		· · · · · · · · · · · · · · · · · · ·					
NOT YET DETERMINED							
City/Town	State	Zip Code					
	rpose of engaging in any lawful business, and shall ha e with RIGL <u>7-16</u> , unless a more limited purpose or du						

MAY 0 2 2016

Form No. 400 Revised: 2016

<ul> <li>6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other</li> </ul>	t limited to, any lir	mita	tion of the purpo	se(s) or dura	•			
				Chec	k this box to indicate attachment.			
7. The Limited Liability Company	is to be managed	by:						
You MUST check one box:	haakad thia hay r	مادات	to Cootion 9. De		the chart below			
Its member(s) (If you have o		-			,			
✓ One (1) or more manager(s) of Organization, state the na					t the time of the filing of these Articles			
MANAGER	ADDRESS							
Patricia Duboff	795 NE 95 Street, Miami Shores, FL 33138							
Kenneth Duboff	795 NE 95 Street, Miami Shores, FL 33138							
8. Date when these Articles of Or	ganization will be	effe	ctive: CHECK O	NLY ONE B	OX			
✓ Date received (Upon filing)								
Later effective date (Date mu	ust be no more tha	an 3	0 days from the	day of filing)				
Under penalty of perjury, I declare								
accompanying attachments, and			ntained herein a					
Name of Authorized Person			Address 705 NF 05 Standa					
Kenneth Duboff			795 NE 95 Street					
		Stat FL		Zip Code 33138				
<u>,</u>		<u>;                                    </u>		00100	I n-u-			
Signature of Authorized Person SIGN DOOLMENT HEF			RE		Date 4/29/2016			
	1	>	1 1111		<u></u>			

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

