

## 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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

## 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 company is:				
JJW Training Solutions				
2. The name and address of the initial resident agent/office in Rhode	s Island is:			
Name Jonathan Jay Waggoner				
Street Address (NOT a P.O. Box) 247 Castle Rocks Road				
City/Town Warwick	State RHODE ISLAND	Zip Code <b>02886</b>		
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of				
☐ 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 the limited liability company if it is determined at the time of organization:				
Street Address 247 Castle Rocks Road				
City/Town Warwick	State RI	Zip Code <b>02886</b>		
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a Section 6 of these Articles of Organization				

Form No. 400 Revised: 2016 FILED MAY 1 9 2016

A.A. 10.00 A.M

6. Additional provisions, if any,	not inconsistent with	law which the m	ember(s) elect to have	/e set forth in these Articles	
of Organization, including, but company is formed, and any or	not limited to, any lin	nitation of the purp	ose(s) or duration fo	r which the limited liability	
			Check this b	oox to indicate attachment.	
7. The Limited Liability Compar	ny is to be managed	by:			
You MUST check one box:  Its member(s) (If you have	e checked this box, s	skip to Section 8. D	o not fill out the cha	rt below.)	
One (1) or more manager of Organization, state the r				ne of the filing of these Articles	
MANAGER	ADDRESS				
8. Date when these Articles of (	Organization will be	effective: CHECK	ONLY ONE BOX		
Date received (Upon filing)	)				
Later effective date (Date i	must be no more tha	in 30 days from the	e day of filing)	<u> </u>	
Under penalty of perjury, I declar					
accompanying attachments, an Name of Authorized Person	id that all statements	Address	are true and correct.		
Jonathan Jay Waggoner			247 Castle Rocks Road		
City/Town	1,	State	7:a Cada		
Warwick	į.	State <b>RI</b>	Zip Code <b>02886</b>		
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Signature of Authorized Person				Date	
7				5-15-16	
W M					

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

