

## 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

SECRETARY OF STATE CORPORATIONS DIV

## Articles of Organization DOMESTIC Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u>, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

The name of the limited liability company is:							
BABA'S FIRST DAUGHTER, LLC							
2. The name and address of the initial resident agent/office in Rhode Island is:							
Name TANER TOPRAK							
Street Address (NOT a P.O. Box)  30 PEMBROKE AVE.							
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02908					
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 <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 30 PEMBROKE AVE.							
PROVIDENCE	State RI	Zip Code 02908					
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.							

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Form No. 400 Revised: 2016

6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purpose(s) or duration for which the limited liability company is formed, and any other provision which may be included in an operating agreement:						
		*				
				Check this bo	x to indicate	e attachment.
7. The Limited Liability Company	is to be managed b	y:				
You MUST check one box:  Its member(s) (If you have of	checked this box, sk	ip to Section 8	8. <b>Do</b> n	ot fill out the char	t below.)	
One (1) or more manager(s of Organization, state the na	) (If the limited liabili me and address of e	ty company h each manage	as mar r below	nager(s) at the time v.)	e of the filin	g of these Articles
MANAGER	ADDRESS				•	
TANER TOPRAK	30 PEMB	BROXE.	AV.	PROVIDE	NCE,	RI02908
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX						
Date received (Upon filing)						
Later effective date (Date must be no more than 30 days from the day of filing)						
Under penalty of perjury, I declare accompanying attachments, and					ation, inclu	ding any
Name of Authorized Person Address						
TANER TOPRAK 30 PEMBROXE AV.						
City/Town	St	tate	Z	ip Code		
PROVIDENCE	/	RI		02908		
Signature of Authorized Person					Date 5/3	1/16
- July / w	-√					

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

