

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:						
The name of the limited liability company is:						
The Start Exchange, LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Name Ryan L. Juliano, Esq.						
Street Address (NOT a P.O. Box) Howell Legal, 26 Bridge Street, Unit 540B						
City/Town Providence	State RHODE ISLAND	Zip Code 02903				
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 the limited liability company if it is determined at the time of organization:						
Street Address 43 Battery Lane						
City/Town Jamestown	State RI	Zip Code 02835				
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.						

FILED

AUG 1 1 2016

By C 114224411

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Form No. 400 Revised: 2016

Additional provisions, if any, no of Organization, including, but no company is formed, and any other	ot limited to, any I	limita	ation of the purpo	ose(s) or duration fo	or which the limited liability
The ownership of the Compan of which are on file at the regis transferable only upon compli	stered office of t	the (Company. Mem	bership interests	of the Company are
				Check this b	pox to indicate attachment.
7. The Limited Liability Company	is to be manage	d by	<i>r</i> :		
You MUST check one box: Its member(s) (If you have compared to the compared t	checked this box,	skip	to Section 8. De	o not fill out the cha	urt below.)
One (1) or more manager(s) of Organization, state the na) (If the limited lia me and address	bility of ea	y company has n ach manager bel	nanager(s) at the tir low.)	ne of the filing of these Articles
MANAGER	ADDRESS		vi inthoness	e rai di un	· · · · · · · · · · · · · · · · · · ·
-					
8. Date when these Articles of Or	ganization will be	effe	ective: CHECK C	ONLY ONE BOX	
✓ Date received (Upon filing)					
Later effective date (Date mu					
Under penalty of perjury, I declare accompanying attachments, and t					ization, including any
Name of Authorized Person		Address			
Ryan L. Juliano, Esq		Howell Legal, 26 Bridge Street, Unit 540B			
City/Town Stat		te	Zip Code		
Providence RI			02903		
Signature of Authorized Person				<u> </u>	Date
3/					8/11/16
					<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

