

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

RECRETARY OF STATE CORPORATIONS 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 | any is: | |
| Momentum Racing L.L.C | | |
| 2. The name and address of the limited ! | iability company's resident agent in Rhode Isla | and is: |
| Name Daniel Dytch | | |
| Street Address (<u>NOT</u> a P.O. Box) 20 Findlay Place | | |
| City/Town Newport | State RHODE ISLAND | Zip Code 02840 |
| | rganization and any written operating agreeme to be treated for purposes of federal income ta | |
| a partnership or | | ORAN 16 |
| a corporation or | | B SAM |
| disregarded as an entity sepa | STAT STAT WIII: C | |
| 4. The address of the principal office of the | ne limited liability company if it is determined a | at the time of organization: |
| Street Address 20 Findlay Place | | |
| City/Town Newport | State Rhode Island | Zip Code 02840 |
| | urpose of engaging in any lawful business, and ce with RIGL 7-16, unless a more limited purpon. | |

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| 6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other | ot limited to, any limit | ation of the purpo | ose(s) or durat | ion for which the limited liability |
|--|--------------------------|--------------------|---|---|
| | | | | |
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| | | | | |
| | | | Check | this box to indicate attachment |
| 7. The Limited Liability Company | is to be managed by | ſ. | | |
| You MUST check one box: Its member(s) (If you have of | checked this box, skij | p to Section 8. Do | o not fill out the | e chart below.) |
| One (1) or more manager(s of Organization, state the na | | | | he time of the filing of these Articles |
| MANAGER | BUSINESS ADDRI | ESS | *************************************** | |
| | | | | |
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| | | | | |
| 8. Date when these Articles of Or | ganization will be eff | ective: CHECK C | ONLY ONE BO | X |
| ✓ Date received (Upon filing) | | | | |
| Later effective date (Date mu | ust be no more than | 30 days from the | day of filing) _ | |
| Under penalty of perjury, I declare panying attachments, and that all | | | | Organization, including any accom- |
| Name of Authorized Person | | Address | | |
| Daniel Dytch | | 20 Findlay Place | e | |
| City/Town | Sta | | Zip Code | |
| Newport | R | <u> </u> | 02840 | |
| Signature of Authorized Person | | OP |] | Date 13th P of 1011 |
| Dani | el Dytch | /// | | 13 Lept 2016 |

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.