

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

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

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

2016 SEP 26 PM 4: 08

## Articles of Organization **Limited Liability Company**

Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16,</u> the following Articles of Or to be organized hereby:	ganization are adopted for the limited liability company
1. The name of the limited liability company is:	
Petras Holdings LLC	

The name and address of the limited liability company's resident agent in Rhode Island is: Name Matthew P. Gabrilowitz, Esquire Street Address (NOT a P.O. Box) 1150 New London Avenue City/Town State Zip Code RHODE ISLAND Cranston 02920 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:

5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

State

Florida

4:08 pm

FILED

SEP 2 6 2016

By 284393

Form No. 400 Revised: 2015

Street Address

City/Town

Bokeelia

6320 Allen Park Drive

Zip Code

33922

6. Additional provisions, if of Organization, including, company is formed, and a	, put not limited to, anv	ilmitation of th	se numoce(e) or di	ect to have set forth in these Articles uration for which the limited liability	
			and its art open and	ng agreement.	
			01		
7. The Limited Liability Cor	mpany is to be manage	ed by:	Che	eck this box to indicate attachment	
You MUST check one box:				***************************************	
Its member(s) (If you	have checked this box	t, skip to Section	on 8. <b>Do not</b> fill ou	t the chart below.)	
One (1) or more mana of Organization, state	ager(s) (If the limited liather the name and address	ability compan	y has manager(s)	at the time of the filing of these Articles	
MANAGER		BUSINESS ADDRESS			
Charles Petras	6320 Allen Parl	6320 Allen Park Drive, Bokeelin, FL 33922			
8 Date when these Articles	of Occasionation will b	- ·- # Ai O. I.			
8. Date when these Articles		e errective: CH	ECK ONLY ONE I	вох	
✓ Date received (Upon fil	ling)				
Later effective date (Da	ate must be no more th	nan 30 days fro	om the day of filing	)	
Under penalty of perjury, I d panying attachments, and t	leclare and affirm that hat all statements con		ed these Articles o	f Organization, including any accom-	
Name of Authorized Person		Address			
Charles Petras		6320 All	6320 Allen Park Drive		
City/Town		State	Zip Code	Zip Code	
Bokeelin		Florida	33922		
Signature of Authorized Person	1 felice			Date 5=17. 19, 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.

Form No. 400 Revised: 2015 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

