State of Rhode Island and Providence Plantations Department of State - Business Services Division	201 R	
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00	R.I. DEPT. OF ST 2015 S.V. S OF 2016 OCT 28 PH	
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:	ATE	
1. The name of the limited liability company is: SANTOS De Los Santos Logistics LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Name Kevin De Los Sandos		
Street Address (NOT a P.O. Box) 33 rearcon ave		
City/Town State RHODE ISLAND	Zip Code 07915	
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):		
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 33 reardon Ave		
City/Town Riverside State Ritode Island	Zip Code OJ9 15	
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 <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

OCT 28 2016

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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:			
7. The Limited Liebility Company is to be managed by:	Check this b	ox to indicate attachment.	
7. The Limited Liability Company is to be managed by: You MUST check one box:			
Its member(s) (If you have checked this box, skip to Se	ection 8. Do not fill out the cha	t below.)	
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Organization, state the name and address of each manager below.)			
MANAGER ADDRESS			
		·····	
		- Inc.	
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 and affirm that I have exa accompanying attachments, and that all statements contain		zation, including any	
Name of Authorized Person Addr	ess		
Kevin De Les Sontos	33 reardn	Ave	
City/Town	State	Zip Code	
Riverside	RI	07915	
Signature of Authorized Person		Date / /	
SIGN DOCUMENT HERE		10/28/2016	

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

