

## **Articles of Organization**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

R.I. DEPCHYED STATE

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:						
DK House Buyers, LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Name Geoffrey A. Schoos, Esq.						
Street Address (NOT a P.O. Box) 54 Traymore Street						
City/Town Cranston	State RHODE ISLAND	Zip Code <b>02920</b>				
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 <b>or</b>						
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 13 Ana Mac Drive						
City/Town Cumberland	State Rhode Island	Zip Code <b>02864</b>				
<ol> <li>The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a Section 6 of these Articles of Organization.</li> </ol>	wful business, and shall ha more limited purpose or dur	ve perpetual existence ration is set forth in				

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

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<ol><li>Additional provisions, if any, no of Organization, including, but no company is formed, and any other</li></ol>	ot limited to, any limitati	ion o	of the purpose(s) or duration for	r which the limited liability
To purchase and/or renovate s Laws 17-6 et seq.	_			
			Check this b	pox to indicate attachment.
7. The Limited Liability Company	is to be managed by:			
You MUST check one box:  Its member(s) (If you have of	checked this box, skip t	to Se	ection 8. <b>Do not</b> fill out the char	rt below.)
One (1) or more manager(s of Organization, state the na			oany has manager(s) at the tim anager below.)	ne of the filing of these Articles
MANAGER	ADDRESS			
8. Date when these Articles of Or	ganization will be effec	:tive	CHECK ONLY ONE BOX	
✓ Date received (Upon filing)				
Later effective date (Date mu				
Under penalty of perjury, I declare accompanying attachments, and				zation, including any
Name of Authorized Person Address				
Daniel Furtado		13 Ana Mac Drive		
City/Town			State	Zip Code
Cumberland			Rhode Island	02864
Signature of Authorized Person				Date
Signature of Authorized Person				November 3, 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

