

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Articles of Organization

DOMESTIC Limited Liability Company

→ Fifing Fee: \$150.00

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:					
1. The name of the limited liability company is: Aason Nunez Eampany (IC)					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Name Aaron Nuncz Street Address (NOT a P.O. Box)					
Street Address (NOT a P.O. Box)					
331 washington st					
City/Town /	State	Zip Code			
west warnick	RHODE ISLAND	02893			
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					
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					
SHME HS HDOVE.					
City/Town	State	Zip Code			

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

MAIL TO:

Division of Business Services

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

Section 6 of these Articles of Organization.

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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:					
			Check this t	oox to indicate attachment.	
7. The Limited Liability Company	is to be managed by	Hason	Nunez	-	
You MUST check one box: Its member(s) (If you have of	checked this box, skip	to Section 8. D	o not fill out the cha	rt below.)	
ر گُne (1) or more manager(s of Organization, state the na) (If the limited liability me and address of ea	company has r ach manager be	manager(s) at the tim low.)	ne of the filing of these Articles	
MANAGER	ADDRESS				
				-	
					
8. 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 accompanying attachments, and				zation, including any	
Name of Authorized Person		Address			
Agran Nunez 33		331 u	vashing to	54 n	
City/Town		State		Zip Code	
west warm	ick	R		62893	
Signature of Authorized Person Date					
SIGN DOCKMENT HERE 2/14/2017					

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

