require additional licensing, please visit our website for

further information.



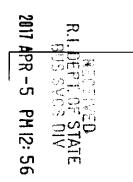
State of Rhode Island and Providence Plantations

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



Articles of Organization Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 7-16</u>, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

o be organized hereby:							
1. The name of the limited liability company is:							
MSV CONSULTING LLC							
2. The name and address of the limited liability company's resident agent in Rhode Island is:							
Name							
MANUEL SOAREZ VELEZ							
Street Address (NOT a P.O. Box)							
76 SUMTER ST 3RD FLOOR							
City/Town	State RHODE ISLAND	Zip Code					
PROVIDENCE		02907					
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:							
Street Address 76 SUMTER ST 3RD FLOOR							
City/Town	State	Zip Code					
PROVIDENCE RHODE ISLAND		02907					
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.							

12:56

FILED

APR **05** 2017

By 913 300205

				L	
Form No. 400 Revised: 2015					
6. Additional provisions, if any, of Organization, including, but n	ot limited to, any lin	mital	tion of the purpos	se(s) or durati	
company is formed, and any oth	ner provision which	may	/ be included in a	ın operating a	agreement:
				Cher	ck this box to indicate attachment
7. The Limited Liability Company	y is to be managed	by:			
You MUST check one box:					
Its member(s) (If you have o	checked this box, s	kip f	to Section 8. Do	not fill out th	ne chart below.)
	Analis III. Italia di Mandalia			/- \	and the second second
L⊒One (1) or more manager(s) of Organization, state the name a				ager(s) at the	e time of the filing of these Articles
N Olyanization, state the hand o	IIIU duuless ol each	lline	ariager below.)		
MANAGER	BUSINESS ADDRESS				
	1				
8. Date when these Articles of	of Omanization will	he e	effective: CHECK	CONLY ONE	F ROX
Date received (Upon filin			11000110.		
Later effective date (Date	e must be no more	thar	1 30 days from th	ne day of filin	g)
Under penalty of perjury, I declar	ne and affirm that I	havi	e evemined thesi	Articles of (Omenization including any
accompanying attachments, and					• •
Name of Authorized Person			Address		-
MANUEL SOAREZ VELEZ		ļ	76 SUMTER ST	3RD FLOOR	
City/Town		Stat	to	Zip Code	
PROVIDENCE	i	RI	.e	02907	
				<u> </u>	
Signature of Authorized Person					Date 04/05/2017
	$\wedge \vee / /$				04/05/2017

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and