

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:				
1. The name of the limited liability company is:		~~		
i.A. Luxury Cleaning, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name Alfonsa Delgado Jr Street Address (NOT a P.O. Box)		N STORES		
Street Address (NOT a P.O. Box)	J	= <=		
33 whatcheer are		02		
City/Town	State	Zip Code		
Wordence	RHODE ISLAND	02909		
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 whatcheer Ave				
City/Town / Conce	State X	Zip Code 024 0 9		
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

APR 07 2017

BY

FORM 400 - Revised: 05/2016

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	box to indicate attachment.	
7. The Limited Liability Company	is to be managed by:			
You MUST check one box: Its member(s) (If you have c	hecked this box, skip to S	ection 8. Do not fill out the cha	art 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		· · · · · · · · · · · · · · · · · · ·	
	.,,,			
8. Date when these Articles of Organization will be effective: CHECK ONLY ONE BOX				
Date received (Upon filing)				
Later effective date (Date mu	st be no more than 30 da	ys from the day of filing)		
Under penalty of perjury, I declare accompanying attachments, and t				
Name of Authorized Person	Add	ress		
Allonso Delgado	Jr 3	3 whatcheer	AVE	
ary/Town Ivovidence		State RI	Zip Code 02909	
Signature of Authorized Person	DOZUMENT HERE		Date 04/04/20124	