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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

R.I. DEPT. OF STATE BUS SVCS DIV 2017 JUN 12 AM 10: 50

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:				
JD Landscaping 3 Junk Removal LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Name Jorge A. Borges				
Street Address (NOT a P.O. Box)				
47 Gooding Ave Unit #7				
City/Town	State	Zip Code		
6/2/5tol	RHODE ISLAND	M309		
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 47 Gooding Ave Unit #7				
City/Town	State	Zip Code		
Bristol	Rhode Island	02809		
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

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Additional provisions, if any, no of Organization, including, but no company is formed, and any other	t limited to, any limitation o	of the purpose(s) or duration fo	r which the limited liability
		Check this t	oox 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 Se	ection 8. Do not fill out the cha	rt below.)
One (1) or more manager(s) of Organization, state the nat		pany has manager(s) at the tin anager below.)	ne of the filing of these Articles
MANAGER	ADDRESS		
8. Date when these Articles of Org	ganization will be effective	CHECK ONLY ONE BOX	
Date received (Upon filing)			
Later effective date (Date mu	ist be no more than 30 day	s from the day of filing)	
Under penalty of perjury, I declare accompanying attachments, and t			ization, including any
Name of Authorized Person	Addr	ess	
Joege A. Box	aes 4	1 Gooding A	le LOH#7
City/Town O	8	State	Zip Code
Beistol		Phone Island	CDXC9
Signature of Authorized Person			Date
Longer Bo	w2,		6/10/17

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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:

June 12, 2017 10:50 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

