RI SOS Filing Number: 201751740300 Date: 10/17/2017 3:40:00 PM

State of Rhode Island and Providence Plantations		20 1 R
Department of State - Business Services Divisi	on	R.I. DER BUS 2017 OCT
Articles of Organization DOMESTIC Limited Liability Company		ECENTE PLOFS SYCS C
→ Filing Fee: \$150.00		VED F STATE S DIV
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby:	anization are adopted for	
The name of the limited liability company is:		
Nunez Quality Dreams, L20	•	
2. The name and address of the initial resident agent/office in Rhode	e Island is:	·
Name Joan M. NUNEZ		
Street Address (NOT a P.O. Box) 56 Rankin Huenue APT-1		
Citytown Providence	State RHODE ISLAND	Zip Code O 2908
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of		

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

partnership or a corporation or

City/Town

State

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.

OCT 17 2017

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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 thi	s 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 o	checked this box, skip	to Section 8. Do not fill out the c	hart 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 must be no more than 30 days from the day of filing)				
Under penalty of perjury, I declar accompanying attachments, and				
Name of Authorized Person Address				
Joan M. Nunez 56 Rankin Areme. Apt-1			2me. 4491-1	
Providence		State	21p Code 02908	
Signature of Authorized Person S!GN DOCUMENT HERE 10-17-15		Date 10-17-17		

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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:

October 17, 2017 03:40 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

