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R.I. DEPT. OF STATE BUS SYCS DIV

## Articles of Organization

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$150.00

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Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for			
The name of the limited liability company is:				
LJD, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Jason Dunlea				
Street Address ( <u>NOT</u> a P.O. Box) 945 Douglas Pike, Site 2				
City/Town Smithfield	State RHODE ISLAND	Zip Code 02917		
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 <b>or</b>				
a corporation <b>or</b> disregarded as an entity separate from its member(s)				
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:				
Street Address 945 Douglas Pike				
City/Town Smithfield	State RI	Zip Code 02917		
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.				
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	ı	NOV 2 2 2017		
MAIL TO:	av 🗸	318173		
Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040  Website: www.sos.ri.gov				

	t limited to, any limitat	tion of the purpose(s	s) elect to have set forth in these Articles s) or duration for which the limited liability 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 Section 8. Do no	t fill out the chart below.)
	(If the limited liability	company has mana	ger(s) at the time of the filing of these Articles
MANAGER	ADDRESS	۸,	
8. Date when these Articles of Or	ganization will be effe	ctive: CHECK ONL)	ONE BOX
✓ Date received (Upon filing)			
Later effective date (Date mu	ust be no more than 30	0 date from the day	of filing)
Under penalty of perjury, I declare accompanying attachments, and			rticles of Organization, including any ue and correct.
Name of Authorized Person Address		Address	
Jason Dunlea 945 Douglas Pike, Site 2		, Site 2	
City/Town		State	Zip Code
Smithfield		Ri	02917
Signature of Authorizet Person			Date
GAMA X	HON DOCUMENT HE	PE.	November 22, 2017

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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:

November 22, 2017 01:36 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

