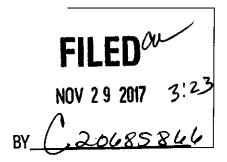
State of Rhode Island and Providence Plantations Department of State - Business Services Divisi	2017 N				
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		R.I. DEPT. OF ST BUS SVCS DI 2017 NOV 29 PM 3			
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:					
1. The name of the limited liability company is:					
Lemon Seed, LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Name Robert Aydin					
Street Address (NOT a P.O. Box) 178 Lonsdale Farm Road					
City/Town Cumberland	State RHODE ISLAND	Zip Code 02.864			
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 1700 Mendon Road					
City/Town	State	Zip Code			
Cumberland	RI	02864			
 The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a 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



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:					
7. The Limited Liability Company	is to be managed by:				
You MUST check one box: You MUST check one box: The member(s) (If you have checked this box, skip to Section 8. Do not fill out the chart 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				
	1				
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 declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained herein are true and correct.					
Name of Authorized Person Address					
Robert Aydin 178 Lonsdale Farm Road					
City/Town			State	Zip Code	
Cumberland			PT	02864	
Signature of Authorized Person				Date	
Ridg				11/29/2017	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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 29, 2017 03:23 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

