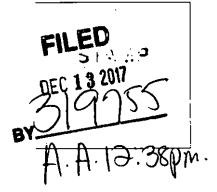
State of Rhode Island and Providence Plantations Department of State - Business Services Division				
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		SECRETARY CORPORATION 2017 DEC 13		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organ the limited liability company to be organized hereby:	PHI2			
1. The name of the limited liability company is:		38 ₹ ² ⊟		
RNJ Realty, LLC				
2. The name and address of the initial resident agent/office in Rhode	Island is:			
Agent Name Ryan Seungjoo Lee, DDS				
Street Address (<u>NOT</u> a P.O. Box) 250 Wampanoag Trail, #103				
City/Town Riverside	State RHODE ISLAND	Zip Code 02915		
3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of				
partnership or				
a corporation or				
 disregarded as an entity separate from its member(s) 				
4. The address of the principal office of the limited liability company, i	f it is determined at the time	e of organization:		
Street Address 250 Wampanoag Trail, #103,				
City/Town Riverside	State Rhode Island	Zip Code 02915.		
5. 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.	wful business, and shall ha more limited purpose or du	ave perpetual existence ration is set forth in		

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 consistent 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:					
Ownership of real estate and any and all activity associated therewith					
			Cho	eck 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 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				
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 date 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				
Ryan Seungjoo Lee 250 Wampanoag Trail, #		ŧ103			
City/Town	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
Riverside,	2		Rhode Island	02915	
Signature of Authorized Person		I	· · · · · · · · · · · · · · · · · · ·	Date	
LOUDIVIENT HERE			11/30/17		
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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:

December 13, 2017 12:38 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

