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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

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

ne limited liability company to be organized hereby: 1. The name of the limited liability company is:		
Probitas Mint, LLC		
The name and address of the initial resident ager	nt/office in Rhode Island is:	·
Agent Name Maisie Raftery		
Street Address (<u>NOT</u> a P.O. Box) 829 Greenwich A	ve	
		· · · · · · · · · · · · · · · · · · ·
City/Town Warwick	State RHODE ISLAND	Zip Code 02886
3. Under the terms of these Articles of Organization	RHODE ISLAND and any written operating agreement made	or intended to be ma
Under the terms of these Articles of Organization	RHODE ISLAND and any written operating agreement made	or intended to be ma
Under the terms of these Articles of Organization the limited liability company is intended to be treater	RHODE ISLAND and any written operating agreement made	or intended to be ma
Under the terms of these Articles of Organization the limited liability company is intended to be treated partnership or	RHODE ISLAND and any written operating agreement made d for purposes of federal income taxation as	or intended to be ma
a corporation or	RHODE ISLAND and any written operating agreement made d for purposes of federal income taxation as	or intended to be ma (CHECK ONE BOX
3. Under the terms of these Articles of Organization the limited liability company is intended to be treated partnership or a corporation or disregarded as an entity separate from its content of the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be treated as a corporation or the company is intended to be company is intended to be company in the company is intended to be company in the company in the company is intended to be company in the company in the company is intended to be company in the company in the company in the company is intended to be company in the c	RHODE ISLAND and any written operating agreement made d for purposes of federal income taxation as	or intended to be ma (CHECK ONE BOX

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 3 2018
BY 43 321047

6. Additional provisions, if any, no of Organization, including, but no company is formed, and any other	t limited to, any limitati	on of the purpose(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 t	to Section 8. Do n o	ot fill out the chart below.)	-
One (1) or more manager(s) of Organization, state the nar			ager(s) at the time of the filing of these Article)	S
MANAGER	ADDRESS			
8. Date when these Articles of Or	ganization will be effe	ctive: CHECK ONE	BOX ONLY	
✓ Date received (Upon filing)				
Later effective date (Date mi	ust be no more than 30	days from the da	te of filing)	_
Under penalty of perjury, I declar accompanying attachments, and	e and affirm that I have that all statements co	e examined these / ntained herein are	Articles of Organization, including any true and correct.	
Name of Authorized Person		Address		
Maisie Raftery		829 Greenwich A	\ve	
City/Town		State	Zip Code	
Warwick	_	RI	02886	
Signature of Authorized Person	SILVI DOCUMIEN	T HERE	Date January 3, 2018	

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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:

January 03, 2018 12:19 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

