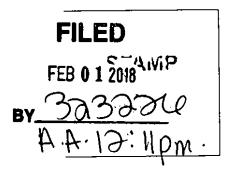
State of Rhode Island and Providence Plantations Department of State - Business Services D	ivision	
		CTA
Articles of Organization		STAFEB
→ Filing Fee: \$150.00		P 00
ursuant to the provisions of RIGL <u>7-16</u> , the following Articles of elimited liability company to be organized hereby:	Organization are adopted for	
. The name of the limited liability company is:		L1
Christian Realty Trust, LLC		
2. The name and address of the initial resident agent/office in F	Rhode Island is:	
Agent Name Stephen M. Litwin, Esquire		
Street Address (<u>NOT</u> a P.O. Box) 116 Orange Street		
City/Town Providence	State RHODE ISLAN	D Zip Code 02903
3. Under the terms of these Articles of Organization and any w he limited liability company is intended to be treated for purpo	ritten operating agreement ma ses of federal income taxation	ade or intended to be made, as (CHECK ONE BOX):
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 com	pany, if it is determined at the	time of organization:
Street Address not yet determined		
City/Town	State	Zip Code
5. The limited liability company has the purpose of engaging ir until dissolved or terminated in accordance with RIGL <u>7-16</u> , ur Section 6 of these Articles of Organization.	n any lawful business, and sha nless a more limited purpose o	all have perpetual existence or duration 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, no of Organization, including, but no company is formed, and any othe	t limited to, any limitation	on of i	the purpose(s) or duration for t	which the limited liability		
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	checked this box, skip t	o Sec	ction 8. Do not fill out the char	t below.)		
✓ One (1) or more manager(s of Organization, state the na) (If the limited liability on the second seco	compa ch ma	any has manager(s) at the time nager below.)	e of the filing of these Articles		
MANAGER	ADDRESS					
	none at this time					
		-				
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY						
Date received (Upon filing)						
		0	- from the data of filing)			
Later effective date (Date n				including any		
Under penalty of perjury, I decla accompanying attachments, and	re and affirm that I have I that all statements co	e exa ntaine	mined these Articles of Organi ed herein are true and correct.			
Name of Authorized Person Addr						
Stephen M. Litwin, Esquire 116		116	16 Orange Street			
City/Town			State	Zip Code		
Providence			Rhode Island	02903		
Signature of Authorized Person		·	Date			
Stiph M htmsign document HERE 2/1/18						



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:

February 01, 2018 12:11 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

