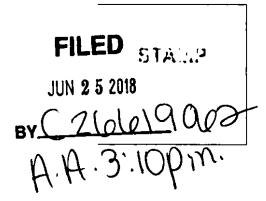
| State of Rhode Island and Providence Plantations<br>Department of State - Business Services Division   | on                       | RECEN<br>SECRETARY<br>CORPORAT          |  |  |
|--|--------------------------|---|--|--|
| Articles of Organization<br>DOMESTIC Limited Liability Company<br>→ Filing Fee: \$150.00   |                          | ARY OF STAT<br>RATIONS DIV<br>A 9H 3: 1 |  |  |
| Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orgathe limited liability company to be organized hereby.   | nization are adopted for |   |  |  |
| 1. The name of the limited liability company is:   |                          |   |  |  |
| LashUp by the Franco's LLC   |                          |   |  |  |
| 2. The name and address of the initial resident agent/office in Rhode Island is:   |                          |   |  |  |
| Agent Name<br>Elina Franco   |                          |   |  |  |
| Street Address ( <u>NOT</u> a P.O. Box)<br>8.2 VICHXIA STREET  |                          |   |  |  |
| Providence, RET  | State<br>RHODE ISLAND    | Zip Code<br>02909                       |  |  |
| 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(s)   |                          |   |  |  |
| 4. The address of the principal office of the limited liability company, if it is determined at the time of organization:  |                          |   |  |  |
| Street Address ADD DVER AVR  |                          |   |  |  |
| City/Town<br>Cranston  | State R_1                | Zip Code<br>02920                       |  |  |
| 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. |                          |   |  |  |

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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| <ol> <li>Additional provisions, if any, n<br/>of Organization, including, but no<br/>company is formed, and any oth</li> </ol> | ot limited to, any limita             | tion of the purpose(s) c | elect to have set forth in these Articles<br>or duration for which the limited liability<br>prating agreement: |
|--|---------------------------------------|--------------------------|--|
|  |                                       |                          |  |
|  |                                       |                          | Check this box to indicate attachment  |
| 7. The Limited Liability Company   | is to be managed by:                  |                          |  |
| You <b>MUST</b> check one box: Its member(s) (If you have a  | checked this how evin                 | to Section 8. Do not fil | l out the chart helow )  |
| One (1) or more manager(s  | ) (If the limited liability           | company has manage       | r(s) at the time of the filing of these Articles   |
| of Organization, state the na  | ADDRESS                               | ich manager below.)      |  |
| ElinaFranco  | · · · · · · · · · · · · · · · · · · · | ria Stree-               | + Providence PTozar  |
| Finesse Franco I Sontini Street, North Praviolence, RIOZON   |                                       |                          |  |
|  |                                       |                          | ,<br>  |
|  |                                       |                          |  |
| 8. Date when these Articles of O   | ganization will be effe               | ctive: CHECK ONE BC      | DX ONLY  |
| Date received (Upon filing)  |                                       |                          |  |
| Later effective date (Date m   | ust be no more than 3                 | 0 days from the date of  | filing)  |
| Under penalty of perjury, I declar<br>accompanying attachments, and  |                                       |                          | les of Organization, including any and correct.  |
| Name of Authorized Person  |                                       | Address                  |  |
| Elina Franco 83Victoria street   |                                       |                          |  |
| City/Town  |                                       | State                    | Zip Code   |
| Providence   |                                       | RI                       | 02909  |
| Signature of Authorized Person   | SIGN DOCUMEN                          | IT HERE                  | Date<br>6-25-18  |

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.



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:

June 25, 2018 03:10 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

