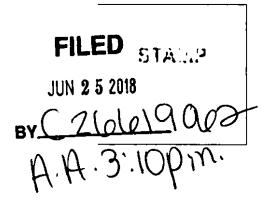
State of Rhode Island and Providence Plantations Department of State - Business Services Division	on	RECEN SECRETARY CORPORAT		
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		ARY OF STAT RATIONS DIV A 9H 3: 1		
Pursuant to the provisions of RIGL <u>7-16</u> , the 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 Elina Franco				
Street Address ( <u>NOT</u> a P.O. Box) 8.2 VICHXIA STREET				
Providence, RET	State RHODE ISLAND	Zip Code 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 Cranston	State R_1	Zip Code 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



FORM 400 - Revised: 11/2017

<ol> <li>Additional provisions, if any, n of Organization, including, but no 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 or duration for which the limited liability 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			
			, 
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 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 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

