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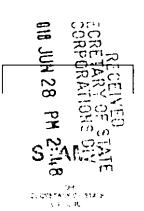
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:					
1. The name of the limited liability company is:					
Just Angels, LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Samuel A. Miller, Esq.					
Street Address (NOT a P.O. Box) 331 Broadway	1				
City/Town Providence	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 P.O. Box 296					
City/Town Warrren	State RI	Zip Code 02885			
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 FILED AMP

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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:					
None.	•				
			Check this b	ox 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	ADDRESS			
Jean Motta	PO Box 296, Warren, RI 02885				
8. Date when these Articles of Organical	ganization will be effect	ctive:	CHECK ONE BOX ONLY		
☑ Date received (Upon filing)					
Later effective date (Date must be no more than 30 days from the date 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.					
		ddress			
Samuel A. Miller 331 Broadway		Broadway			
City/Town			State	Zip Code	
Prtovidence	Prtovidence		RI	02909	
Signature of Authorized Person				Date	
SIGN DOCUMENT HERE			June 28, 2016		

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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:

June 28, 2018 02:48 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

