RI SOS Filing Number: 201872087470 Date: 7/9/2018 10:24:00 AM



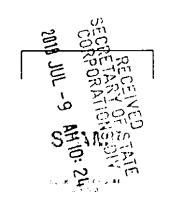
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL $7-16$, the following Articles of Orga the limited liability company to be organized hereby:				
The name of the limited liability company is:				
MC LAREN LOGISTICS, LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name SOUPHIANE TOURE				
Street Address (NOT a P.O. Box) 263 PROSPECT STREET				
City/Town PAWTUCKET	State RHODE ISLAND	Zip Code 02860		
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 263 PROSPECT STREET				
City/Town PAWTUCKET	State RI	Zip Code 02860		
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

BY \$33438

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	oox to indicate attachment	
7. The Limited Liability Company	is to be managed by:			
You MUST check one box: Its member(s) (If you have compared)	hecked this box, skip	to Section 8. Do not fill out the cha	rt 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			
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the date of filing)				
		e examined these Articles of Organi ntained herein are true and correct.		
ame of Authorized Person Address				
SOUPHIANE TOURE		263 PROSPECT STREET		
City/Town		State	Zip Code	
PAWTUCKET		RI	02860	
Signature of Authorized Person	Soupliana	Tome	Date	
	SIGN DOCKNEN		07/06/2018	

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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:

July 09, 2018 10:24 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

