

SECRETARY OF STATE CORPORATIONS DIV

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:						
The name of the limited liability company is:						
A and L Delivery LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name Luis Claudio						
Street Address (NOT a P.O. Box)						
191 wg100 St						
City/Town	State	Zip Code				
trouidence	RHODE ISLAND	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						
191 Wardo St						
City/Town	State	Zip Code				
frovidence.	W Z	02909				
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						

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 0 4 2018
BY AC ZOK QYH

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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.					
			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 of	checked this box, skip	to Section 8. De	o not fill out the ch	art 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)					
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.					
Name of Authorized Person		Address		-	
Luis Claude	<i>`</i> \	191	したいしの	St	
City/Town		State		Zıp Code	
Browidence		R	I	02909	
Signature of Authorized Person				Date	
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