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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 JAN 1 0 PM (

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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:

he limited liability company to be organized hereby:			
1. The name of the limited liability company is:			
LOS CAPOS TACOS LLC			
2. The name and address of the initial resident agent/office in Rhode Island is:			
AGENT ANTHNY PAULIND			
Street Address (NOT a P.O. Box) STORLING AVENUE			
City/Town COVEDENCE, RED 02909 State RHODE ISLAND	Zip Code 62 9 09		
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 1455 BROAD STREET			
City/Town PROVIDENCE State RI	Zip Code 0 Z405		
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 Adicles 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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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:				
7. The Line is and Link itia. Comment	7- A- B	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 o	hecked this box, skip to Se	ection 8. Do not fill out the char	t 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			
 -				
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		.		
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) 07/01/19				
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	~	ress C C con	- ^ /	
ANTHONY YA	ULINO	88 STERI	ING AVE	
City/Town		State	Zip Code	
PROUDDEL	CE	Kd	02909	
Signature of Authorized Person			Date	
father tout	SIGNOCUMENTH	<u> 19</u> E	01/10/19	
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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:

January 10, 2019 03:50 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

