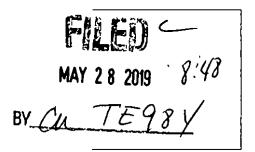
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State of Rhode Island and Providence Plantations Department of State - Business Services Division	PORAT AY 29			
Articles of Organization DOMESTIC Limited Liability Company				
→ Filing Fee: \$150.00				
Pursuant to the provisions of RIGL <u>7-16</u> , 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: MVP TGX1 LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Gilberto Reynoso				
Street Address (NOT a P.O. Box) 21 MGS/60roush GVE				
City/Town City/Town State RHODE ISLAND	Zip Code 02907			
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	e of organization:			
Street Address 21 MailborougH GVF				
City/Town	Zip Code			
Provipence RI	02907			
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



of Organization, including, but r	ot limited to, any limita	ation of the purpose(s) or	ect to have set forth in these Articles duration for which the limited liability
company is formed, and any oth	her provision which ma	ay be included in an opera	ating agreement:
			_
			Check this box to indicate attachment
7. The Limited Liability Compan	y 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.)
	-		s) at the time of the filing of these Articles
of Organization, state the n			-,
MANAGER	ADDRESS		
·		·····	
	, <u> </u>		<u> </u>
		•	·
8. Date when these Articles of C	rganization will be effe	ective: CHECK ONE BO	CONLY
Date received (Upon filing)			
Later effective date (Date n	aust be no more than (	20 days from the date of t	(line)
· · · · · · · · · · · · · · · · · · ·	<b></b>	-	
accompanying attachments, and			is of Organization, including any and correct.
Name of Authorized Person		Address	
GILBERTO R	'eynosci	21 Maslbor	US.H
City/Town		State	Zip Code
P CALL -			
Provi Dence		11+	02907
Signature of Authorized Person	2		Date
MUM 1		THERE	5-29-19

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.

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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:

May 28, 2019 08:48 AM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

