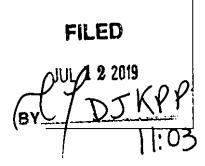
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State of Rhode Island and Providence Plantations Department of State - Business Services Division	RECE SECRETARY CORPORAT	OF STATE ICHS DIV			
	2019 JUL 12	AN ILL OD			
Articles of Organization		MIII-03			
DOMESTIC Limited Liability Company		·			
\rightarrow Filing Fee: \$150.00					
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organ the limited liability company to be organized hereby:	nization are adopted for				
1. The name of the limited liability company is:					
Health travel Colombicu LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Name Miguel Diaz	· · · · · · ·	,,			
Street Address (NOI a P.O. Box) #3 728 Benerage Hill, Avenue Flantucket RZ02861					
728 Benerage Hill, Avenue Hawki	cal fzors	Q1			
City/Town	State	Zip Code			
Pawtucket	RHODE ISLAND	02861			
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					
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:					
FR8 Beverage Hill #3 Avenue	· · ·				
City/Town	State	Zip Code 02361			
lawfucket	(The	00861			
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL 7-16, unless a					

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



6. Additional provisions, if any, not inconsistent with law, which the member(s) elect to have set forth in these Articles					
of Organization, including, but no	ot limited to, any limitati	tion of the pur	pose(s) or duration fo	or which the limited liability	
company is formed, and any othe	er provision which may	/ be included	in an operating agree	ment:	
			Check this t	box to indicate attachment	
7. The Limited Liability Company	is to be managed by:				
You MUST check one box:	checked this box, skip	to Section 8.	Do not fill out the cha	int 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				
1					
· ·	· <u> </u>		· •.		
		v			
	<u> </u>				
	<u> </u>				
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY					
C 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		· ·	
Miguel Diar GARcia 328 Bewerge Hell # 3					
City/Town	·	State	· · · ·	Zip Code	
Fautucet ft		RI	-	0-261	
Signature of Authorized Person				Date	
A DI Dan					
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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:

July 12, 2019 11:03 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

