State of Rhode Island and Providence Plantations Fee: \$150.00   Office of the Secretary of State Fee: \$150.00
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Limited Liability Company
Articles of Organization (Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)
ARTICLE I
The name of the limited liability company is: Merlan's Tales LLC
ARTICLE II
The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:
No. and Street: 29 SCHOOLHOUSE RD
City or Town: WARREN State: RI Zip: 02885-1025
The name of the resident agent at such address is: <u>FREDERICK MERLAN</u>
ARTICLE III
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: <i>Check one box only</i>
X a partnership a corporation disregarded as an entity separate from its member
ARTICLE IV
The address of its principal office of the limited liability company if it is determined at the time of organization:
No. and Street: <u>29 SCHOOLHOUSE RD</u>
City or Town:WARRENState: RIZip:02885-1025Country:USA
ARTICLE V
The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.
The period of its duration is: X Perpetual
ARTICLE VI
Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other provision which may be included in an operating agreement:
ARTICLE VII
The limited liabilty company is to be managed by its X Members or Managers (check one)

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Coun
	ARTICLE VI	
	0	e, not prior to, nor more than 90 days after
filing of these Articles of (	Organization.	
Later Effective Date: 09	/20/2019	
This electronic signatu	re of the individual or individual	s signing this instrument constitutes th
affirmation or acknow	ledgement of the signatory, unde	r penalties of perjury, that this instru
		the company, and that the facts stated
		compliance with RI I for I awg & /-
nerein are true, as of t	he date of the electronic filing, in	compliance with K.I. Gen. Laws § 7-1
U U	September, 2019 at 2:52:51 PM	
Signed this 20 Day of	September, 2019 at 2:52:51 PM	-
Signed this 20 Day of FREDERICK MERLA	September, 2019 at 2:52:51 PM <u>N</u>	-
Signed this 20 Day of FREDERICK MERLA Address of Authorized	September, 2019 at 2:52:51 PM <u>N</u> l Signer:	-
U U	September, 2019 at 2:52:51 PM <u>N</u> l Signer:	-
Signed this 20 Day of FREDERICK MERLA Address of Authorized 29 SCHOOLHOUSE F	September, 2019 at 2:52:51 PM <u>N</u> l Signer:	
Signed this 20 Day of FREDERICK MERLA Address of Authorized 29 SCHOOLHOUSE F	September, 2019 at 2:52:51 PM <u>N</u> l Signer:	-
Signed this 20 Day of <u>FREDERICK MERLA</u> Address of Authorized <u>29 SCHOOLHOUSE F</u> <u>WARREN RI 02885</u> Form No. 400	September, 2019 at 2:52:51 PM <u>N</u> l Signer:	-
Signed this 20 Day of FREDERICK MERLA Address of Authorized 29 SCHOOLHOUSE F WARREN RI 02885	September, 2019 at 2:52:51 PM <u>N</u> l Signer:	
Signed this 20 Day of <u>FREDERICK MERLA</u> Address of Authorized <u>29 SCHOOLHOUSE F</u> <u>WARREN RI 02885</u> Form No. 400	September, 2019 at 2:52:51 PM <u>N</u> l Signer:	-



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:

September 20, 2019 02:49 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

