State of Rhode Island and Providence Plantations Department of State - Business Services Division	SECRETA: CORPORT			
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		RECEIVED TANY OF ST NULS PH 12: NULS PH 12:		
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	07			
1. The name of the limited liability company is:				
MGA REAL STATE GROUP LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name MASCIEL MARTINEZ				
Street Address (<u>NQT</u> a P.O. Box) 25 EDGEMERE AVE				
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 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		<u>.</u>		
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 25 EDGEMERE AVE				
City/Town PROVIDENCE	State RI	Zip Code 02909		
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a 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	FILED NOV 1 9 2019 BY KL 353 VF	STAMP FOR SFICIELITARY OF BIAIF, USE O'IL"
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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 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 Limited Liebility Company	is to be managed by:		Check this box to indicate attachment	
7. The Limited Liability Company You MUST check one box:	ris to be managed by.	· · · · · -		
Its member(s) (If you have o	checked this box, skip	to Section 8. Do not	fill out the chart 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 O	rganization will be effe	ctive: CHECK ONE	BOX ONLY	
Date received (Upon filing)				
01/01/2020 Later effective date (Date must be no more than 90 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				
MASCIEL MARTINEZ 25 EDGEMERE AV				
City/Town	-	State	Zip Code	
PROVIDENCE		RI	02909	
		Enti	Date 11/16/2019	

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.



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:

November 19, 2019 12:07 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

