



State of Rhode Island

Department of State - Business Services Division

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 RI DEPT. OF STATE
 BUSINESS SERVICES DIVISION

2020 NOV -5 A 9:16

Articles of Organization**STAMP**

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, 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:		
J&S Auto Repair II, LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name Joseph Hoyle		
Street Address (NOT a P.O. Box) 44 Roseland Avenue		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
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):		
<input type="checkbox"/> partnership or <input checked="" type="checkbox"/> a corporation or <input type="checkbox"/> 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 899 Pontiac Avenue		
City/Town Cranston	State RI	Zip Code 02910
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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization		

FILED

NOV 05 2020

BY

 CR 3RHQC
 9:16
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 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:

Check this box to indicate attachment ☐

7 The Limited Liability Company 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.)

☐ 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.)

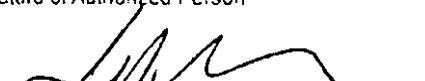
MANAGER	ADDRESS

8. Date when these Articles of Organization will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ 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		
Joseph Hoyle	44 Roseland Avenue		
City/Town	State	Zip Code	
Warwick	RI	02888	
Signature of Authorized Person			Date
			11/4/2020

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.

FORM 400 - Revised: 08/2020



44 Roseland Avenue
Warwick, Rhode Island 02888
401-732-6070

November 1, 2020

Rhode Island Department of State
Business Services
148 West River Street
Providence, RI 02904

RE: Permission To Use "J&S Auto Repair II, LLC" Name

Dear Sir or Madam:

I am the sole member of J&S Auto Repair, LLC, a Rhode Island limited liability company. I wish to form a new Rhode Island entity named "J&S Auto Repair II, LLC," for which I will also be the sole member. Accordingly, I hereby grant permission to J&S Auto Repair II, LLC to utilize this name for the purpose of its articles of organization, and the conduct of business.

Sincerely,

A handwritten signature in black ink, appearing to be "J Hoyle", written over a horizontal line.

Joseph Hoyle
Member, J&S Auto Repair, LLC



State of Rhode Island

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,

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 05, 2020 09:16 AM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

