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Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

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2021 AUG -5 P 4: 02

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for				
The name of the limited liability company is					
Value in Presence abothing LUC					
2. The name and address of the initial resident agent/office in Rhode	Island is:				
Agent Name Touss Aint Stewart					
Street Address (NOT a P.O. Box) 13 HUNEY AVE	·				
City/Town	State	Zip Code			
Providence	RHODE ISLAND	62908			
3. Under the terms of these Articles of Organization and any written of the limited liability company is intended to be treated for purposes of					
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 95 Hathaway st					
City/Town	State	Zip Code			
Providence	Rhode Island	02 907			
5. The limited liability company has the purpose of engaging in any la					

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Section 6 of these Articles of Organization.

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 05 2021 BY M 8352M 402

<u></u>			7-T
Additional provisions, if any, r of Organization, including, but n company is formed, and any oth	ot limited to, any limitat	tion of the purpose(s) or dura	tion for which the limited liability
		Check	k this box to indicate attachment
7. The Limited Liability Company	y is to be managed by:		
You MUST check one box:		An One Man O Brown Mills Add	
		to Section 8. Do not fill out th	
of Organization, state the na			the time of the filing of these Articles
MANAGER	ADDRESS		
<u>}</u>			<u> </u>
		· : /	
<u>, -, -, </u>		/ -· = ·	
9. Data what there Addition of O			
8. Date when these Articles of O	rganization will be effe	CTIVE CHECK ONE BOX ON	<u> </u>
☑ Date received (Upon filing)			
Later effective date (Date m	nust be no more than 9	0 days from the date of filing)	
Under penalty of perjury, I decla accompanying attachments, and			
Name of Authorized Person		Address	·
Toussaint Stewar	+	73 Huxley Ave	<u>-</u>
City/Town		State	Zip Code
Pro Malana			0.000,000
Providence Signature of Authorized Person		Rhade Island	() 2 9 () 8 Date
111	•		Date 8 - 5 - 2 1
			8-5-21

RI SOS Filing Number: 202100016440 Date: 8/5/2021 4:02:00 PM



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:

August 05, 2021 04:02 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

