RI SOS Filing Number: 202101856900 Date: 9/21/2021 12:39:00 PM





2021 SEP 21 PH 12: 39

Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Organization are adopted for the limited liability company to be organized hereby:				
The name of the limited liability company is:				
L AND A GUTTERS & INSULATION LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Lorenzo Vicente Lubos				
Lorenzo Viante Lubos Street Address (NOT a PO. Box) 70 CLARENCE ST. APT. 3				
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				
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 70 CLAENCE ST. APT. 3				
City/Town PROVIDENCE	State RI	Zip Code 02909		
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 <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.				

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 2 1 2021 BROEHG

of Organization, including,	any, not consistent with law, but not limited to, any limitat ny other provision which may	tion of the purpose(s) or o	ct to have set forth in these Articles duration for which the limited liability ting agreement:
NONE	,	, ••• • • • • • • • • • • • • • • • • •	
			heck this box to indicate attachment
7. The Limited Liability Cor	mpany 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 o	out the chart below.)
	ager(s) (If the limited liability the name and address of ea		at the time of the filing of these Articles
MANAGER	ADDRESS		
			· · · · · · · · · · · · · · · · · · ·
		- 	
	-	• •	
8. Date when these Articles	s of Organization will be effe	ctive: CHECK ONE BOX	ONLY
☑ Date received (Upon f	îling)		
Later effective date (D	ate must be no more than 9	0 days from the date of fi	ling)
	declare and affirm that I haves, and that all statements co		s of Organization, including any nd correct.
Name of Authorized Person		Address	/ 4 / 5
Lorenzo Vice	nte Lubos	70 Clearence	87. APT 3
City/Town	· ·	State	Zip Code
Providence		RI	02909
Signature of Authorized Perso	on .		Date

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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:

September 21, 2021 12:39 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

