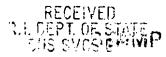
RI SOS Filing Number: 202330053570 Date: 3/6/2023 2:30:00 PM



Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



2023 HAR -6 -P [2] 30

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:					
Amanda Marie Brows LLC					
2. The name and address of the initial resident agent/office in Rhode	Island is:				
Agent Name Amanda M Martinez		·			
Street Address (<u>NOT</u> a P.O. Box) 22 Greenville Avenue					
City/Town Johnston	State RHODE ISLAND	Zip Code 02919			
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	e of organization:			
Street Address 22 Greenville Avenue					
City/Town Johnston	State RI	Zip Code 02919			
5. The limited liability company has the purpose of engaging in any launtil dissolved or terminated in accordance with RIGL 7-16, 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

2:30

MAR 0 6 2023 BY MY W Y388

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:					
None					
				, V	
				_	
Check this box to indicate attachment					
7. The Limited Liability Company	is to be managed by:		·	<u> </u>	
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 Addre		ddress			
Amanda M Martinez 22 0		22 G	? Greenville Avenue		
City/Town			State	Zip Code	
Johnston			RI	02919	
Signature of Authorized Person		Date			
		02/09/2023			

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I, GREGG M. AMORE, 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:

March 06, 2023 02:30 PM

Gregg M. Amore Secretary of State

Treg M. Coure

