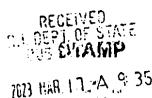


Articles of Organization

DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



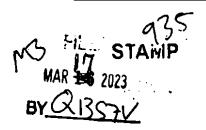
Pursuant to the provisions of RIGL 7-16, the following Articles of Organization are adopted for the limited liability company to be organized hereby: 1. The name of the limited liability company is: The Trusted Couriers 2. The name and address of the initial resident agent/office in Rhode Island is: Agent Name City/Town RHODE ISLAND 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 City/Town 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.

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



	ot limited to, any limitation	on of the purpose(s) or du	to have set forth in these Articles ration for which the limited liability g agreement:
		Che	eck 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 One (1) or more manager(s of Organization, state the na	s) (If the limited liability c	ompany has manager(s) a	the chart below.) at the time of the filing of these Articles
MANAGER	ADDRESS		
·		- .	
8. Date when these Articles of O	rganization will be effect	tive: CHECK ONE BOX O	NLY
Date received (Upon filing)			
Later effective date (Date m	iust be no more than 90	days from the date of filin	g)
Under penalty of perjury, I decla accompanying attachments, and			
Name of Authorized Person Corrlos L.	Mendez	Address 555	N, Main st, 13
City/Town Povida	nce	State RT	Zip Code 0 2 9 0 4
Signature of Authorized Person	Mlen	de	Date 3-17-23