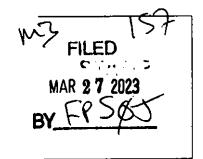
State of Rhode Island Department of State - Business Services Division					
Articles of Organization DOMESTIC Limited Liability Company		RECEIVER I CEPT OF ST			
→ Filing Fee: \$150.00		2023 IIMA 27 P 1:57			
Pursuant to the provisions of RIGL <u>7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for				
1. The name of the limited liability company is:	· · · · · · · · · · · · · · · · · · ·				
DE LEON SIDING AND CONSTRUCTIONS LLC					
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name MANUEL MÉJIA					
Street Address (<u>NOT</u> a P.O. Box) 145 WENDELL ST APT 2					
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, i	f it is determined at the tim	e of organization:			
Street Address 145 WENDELL ST					
City/Town PROVIDENCE	State RI	Zip Code 02909			
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , 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



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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:					
			Che	ck this box to indicate attachment	
7. The Limited Liability Company i	s 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 Addre		dress			
MANUEL MEJIA 145		5 WENDELL ST			
City/Town		_	State	Zip Code	
PROVIDENCE		RI	02909		
Signature of Authorized Person				Date	
Muelle Dina In			03/27/2023		

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 27, 2023 01:57 PM

Treng M. Course

Gregg M. Amore Secretary of State

