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Department of State - Business Services Division

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2023 JUL 21 P. 12: 26

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:					
Garcia Broker Service, LLC					
2. The name and address of the initial resident agent/office in Rhode	e Island is:				
Agent Name Francis Larcia					
Street Address (NOT a P.O. Box) 87 Bates st.					
City/Town Pawtucket	State RHODE ISLAND	Zip Code 0 286/			
3. Order 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):					
X partnership or					
a corporation or					
disregarded as an entity separate from its member(s)	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:					
87 Bates st	The second second second	organization,			
	State RI	Zip Code 02861			
 The limited liability company has the purpose of engaging in any law until dissolved or terminated in accordance with RIGL <u>7-16</u>, unless a n Section 6 of these Articles of Organization. 	Mul business, and shall have nore limited purpose or duri				

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 21 2023

Additional provisions, if of Organization, including, company is formed, and a	any, not consistent wit but not limited to, any my other provision whice	h law, which the member(s) limitation of the purpose(s) ch may be included in an ope	elect to have set forth in these Articles or duration for which the limited liability erating agreement:
7. The Limited Liability Cor	manuis As L		Check this box to indicate attachment
You MUST check one box:		ed by: 	
Its member(s) (If you	have checked this box,	skip to Section 8. Do not file	Out the chart helaw.)
One (1) or more mana	ager(s) (If the limited lia	ability company has manage of each manager below.)	r(s) at the time of the filing of these Article
MANAGER	ADDRESS		
O Date when the			_
8. Date when these Articles		effective: CHECK ONE BO	X ONLY
Date received (Upon file	ing)		
Later effective date (Da	te must be no more tha	an 90 days from the date of	filina)
Under penalty of periury, I de	eclare and affirm that t	have everying data.	
accompanying attachments, Name of Authorized Person	and that all statements	s contained herein are true a	and correct.
	<i>)</i> .	Address	<u> </u>
	arcia	87 Bates	st.
City/Town	A 1	State	Zip Code
law Lucko		, RI	02861
Signature of Authorized Person	1 Had	4	Date
<u>the</u>	Juny 7.1	<u> </u>	07/21/2023
			1011

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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:

July 21, 2023 12:26 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

