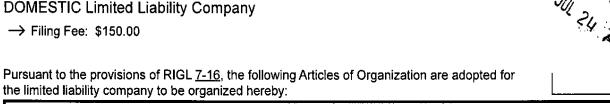


## **Articles of Organization**

**DOMESTIC Limited Liability Company** 



1. The name of the limited liability company is:						
Labise1026, LLC						
2. The name and address of the initial resident agent/office in Rhode Island is:						
Agent Name						
Richard Weisbroat						
Street Address (NOT a P.O. Box)						
1026 West Side Road						
City/Town	State	Zip Code				
Block Island	RHODE ISLAND	02807				
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						
x 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						
1026 West Side Road						
City/Town	State	Zip Code				
Block Island	RI	02807				
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.						

MAIL TO:

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

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

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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:					
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7 The Limited Lighility Company	is to be managed by:	—	Cneck this b	oox to indicate attachment L	
7. The Limited Liability Company 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 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				
MUNACIA	AUDRESS				
		<del></del>			
8. Date when these Articles of Org	ganization will be effec	ctive:	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 Address		ess			
Richard Weisbroat 90-04 188th Street					
City/Town			State	Zip Code	
Hollis			NY	11423	
Signature of Authorized Person				Date	
Ríchard Weisbroat			J	7/21/23	