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## Articles of Organization DOMESTIC Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of <u>RIGL 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:				
KonoHa STreeTwear LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name				
Douglan Gonzalez				
Street Address (NOT a P.O. Box)				
Douglan Gonzalez Street Address (NOI a P.O. Box) 11 Fre derick 5Treet		<b>-</b>		
City/Town Frow dence	State	Zip Code		
Frovidence	RHODE ISLAND	०२९०५		
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):				
a disregarded as an entity separate from its member (single member LLC)				
a partnership				
a corporation				
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	State	Zip Code		
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.				

**FILED** 

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**ENVÍE POR CORREO POSTAL A:** 

**Business Services Division** 

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

Teléfono: (401) 222-3040 Sitio Web; www.sos.ri.gov

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:				
		ck this box to indicate attachment		
7. The Limited Liability Company is to be managed	by its:			
You MUST check one box:  Members (Owners) DO NOT complete the chart below.	Managers (Individuals hired by the members with no ownership interest) Complete the chart below.			
	MANAGER NAME	ADDRESS		
	Chec	k this box to indicate attachment		
8. Date when these Articles of Organization will be	effective: CHECK ONE BOX ONL	Υ		
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			
Douglas Gonaclez	11 Frederick Street			
City/Town J	State	Zip Code		
Providence	RHode island	02908		
Signature of Authorized Person		Date 03/19/2024		