State of Rhode Island and Providence Plantations Department of State - Business Services Division					
Articles of Organization DOMESTIC Limited Liability Company → Filing Fee: \$150.00		REC'D RID			
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:					
1. The name of the limited liability company is:					
Leveille Auto Detailing & Ceramic Coating, LLC					
2. The name and address of the initial resident agent/office in Rhode	Island is:				
Name Anthony DiBiase					
Street Address (NOT a P.O. Box) 303 Jefferson Blvd					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			
3. Under the terms of these Articles of Organization and any written the limited liability company is intended to be treated for purposes of	operating agreement made federal income taxation as	or intended to be made. (check ONE box):			
partnership or					
a corporation or					
✓ disregarded as an entity separate from its member					
4. The address of the principal office of the limited liability company i	f it is determined at the time	e of organization:			
Street Address 303 Jefferson Blvd					
City/Town Warwick	State RI	Zip Code 02888			
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.	awful business, and shall ha more limited purpose or du	ave perpetual existence ration is set forth in			

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 inconsistent 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:						
			Check this b	ox to indicate attachment.		
7. The Limited Liability Company	is to be managed by:					
You MUST check one box: Its member(s) (If you have c	hecked this box, skip t	to Se	ction 8. Do not fill out the char	t 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 Or	ganization will be effe	ctive:	CHECK ONLY ONE BOX			
✓ Date received (Upon filing)						
Later effective date (Date m	ust be no more than 30) day	s from the day 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 Addr		ess	j			
Matthew Leveille 27 H		27 H	27 Hubbard Street			
City/Town		State	Zip Code			
Cranston		RI	02920			
Signature of Authorized Person			Date 3 - 20 - 20 24			

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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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 25, 2024 01:07 PM

Treng M. Course

Gregg M. Amore Secretary of State

