

Certificate of Correction

Limited Liability Company

→ Filing Fee: \$50.00

REC'D RIDOS ESD '24 APR 10 FK3:09:3

Pursuant to the provisions of RIGL <u>7-16-13</u> the undersigned limited liability company hereby submits the following Certificate of Correction:

	<u> </u>							
1. Entity ID Number:	The name of the limited liability company is:							
001772150	B3 Home and Lawn Services, L3C							
3. The document to be corrected is:								
Articles of Organization								
4. The name of the individual(s) who signed the document being corrected is:								
Brian Smith II								
5. The date the document being corrected was originally filed on:								
04/08/2024								
6. The typographical error, erro	or of transcription or other technical error, or the defect in the execution of the document is:							
Brain Smith II, Filed Articles of Organization for LLC								
	<u></u>							
	Check the box to indicate an attachment							
7. The new corrected portion of	f the document states as follows:							
Brian Smith II , Articles of Organization for L3C								
	Check the box to indicate an attachment							
8. As required by RIGL 7-16-6	7, the entity has paid all fees and taxes.							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov 3.09 FILED APR 1 0 2024 BY VM

Under penalty of perjury, I declare and affirm t accompanying attachments, and that all states			
Name of Authorized Person	Street Address		
Brian Smith II	143 Central St. Apt 2		
City/Town	State	Zip Code	
Central Falls	RI	02863	
Signature of Authorized Person Brian Smith AA	•	Date 04/10/24	



Articles of Organization

DOMESTIC L3C Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL 7-16-76, 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: B3 Home and Lawn Services L3C 2. The name and address of the initial resident agent/office in Rhode Island is: Agent Name Brian Smith II Street Address (NOT a P.O. Box) 143 CENTRAL ST. APT 2 State Zip Code City/Town **CENTRAL FALLS** 02863 **RHODE ISLAND** 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: 143 CENTRAL ST. APT 2 Zip Code City/Town State 02863 **CENTRAL FALLS** RI 5. The limited liability company has the purpose of engaging in any lawful business, subject to the statutory provisions stated herein, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-16, unless a more limited purpose or duration is set forth in paragraph 6 of these Articles of Organization. No significant purpose of the entity is the production of income or the appreciation of property; provided, however, that the fact that an entity produces significant income or capital appreciation shall not, in the absence of other factors, be conclusive evidence

of a significant purpose involving the production of income or the appreciation of property. No purpose of the entity is to accomplish one or more political or legislative purposes within the meaning of Section 170(c)(2)(D) of the Internal

 $\mathfrak{S}_{1},\ldots,\mathfrak{l}_{n}$

MAIL TO:

Division of Business Services148 W. River Street, Providence, Rhode Island 02904-2615

Revenue Code of 1986, 26 U.S.C. Section 170(c)(2)(D), or its successor.

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

Additional provisions, if any, not inconsiste of Organization, including, but not limited to, company is formed, and any other provision	any lin	nitation of the purpose(s)	or dur	ation for which the limited liability
This company is desired to establish and rehabilitation care. This is also to in which would not require additional improvements and updates to home	o mai I pern	ntain improvements anits. Including but not	and re	ehab inside and outside of home ed to power washing, painting and
			C	Check this box to indicate attachment
7. The Limited Liability Company is to be ma	naged	by its:		
You MUST check one box:	•			
Members (Owners) DO NOT complete the chart belo	ow.	OR	Manag	ger(s). Complete the chart below.
	MANA	AGER(S) NAME		ADDRESS
			CH	heck this box to indicate attachment
8. Date when these Articles of Organization v	will be	effective: CHECK ONE E	30X O	NLY
✓ Date received (Upon filing) Later effective date (Date must be no n	nore th	an 90 days from the date	e of filir	ng)
Under penalty of perjury, I declare and affirm accompanying attachments, and that all state				
Name of Authorized Person	Addre	ss		
Brian Smith II	143 CENTRAL ST. APT 2			
City/Town		State .		Zip Code
CENTRAL FALLS		RI .		02863
Signature of Authorized Person				Date
Brian Smith AN				4/10/2024