

## Articles of Organization DOMESTIC Limited Liability Company

 $\rightarrow$  Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16, 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:			
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2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name Arnow Falcon			
Street Address (NOI a P.O. Box) 25 tobey St APt# 304			
City/Town	State	Zip Code	
Providence	RHODE ISLAND	02909	
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 25 tober St APT# 3021			
City/Town Providence	State RT	Zip Code 02909	
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.			
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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 box to indicate attachment	
7. The Limited Liability Company is to be ma You MUST check one box:	naged by its:		
	_		
Members (Owners) OR Manager(s). Complete the chart below.			
	MANAGER(S) NAME	ADDRESS	
Check this box to indicate attachment			
8. Date when these Articles of Organization will be effective: 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	ADI#	
Arnoch Falcon	25 tobey St	HV7 304	
City/Town	State	Zip Code	
Providence	R#	02909	
Signature of Authorized Person		Date	
Actor		5/24/24	

:

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:

May 24, 2024 12:12 PM

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Gregg M. Amore Secretary of State

