



State of Rhode Island
Department of State - Business Services Division

REC'D RIDG'S BSD
24 JUL 30 AM 11:35:36

Articles of Organization

DOMESTIC Limited Liability Company

→ 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:

Arreglos Flores Frutas y Boreadillos Dulce Secreto LLC.

2. The name and address of the initial resident agent/office in Rhode Island is:

Agent Name

Madelyn Rivera.

Street Address (NOT a P.O. Box)

217 althea st 2

City/Town

Providence

State

RHODE ISLAND

Zip Code

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

617 Craston st R

City/Town

Providence

State

RI

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 7-16, unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.

FILED

JUL 30 2024

BY KT BKN
1135 10

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:

Check 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.

OR

☐ Managers (Individuals hired by the members with no
ownership interest) Complete the chart below.

MANAGER 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

Madelyn Rivera

217 Althea St 2

City/Town

State

Zip Code

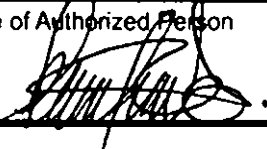
Providence

RI

02909

Signature of Authorized Person

Date



07-30-2024



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:

July 30, 2024 11:35 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

