RI SOS Filing Number: 202458519080 Date: 8/2/2024 10:00:00 AM



State of Rhode Island **Department of State - Business Services Division**

Articles of OrganizationDOMESTIC 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			
The name of the limited liability company is:		· · · · · · · · · · · · · · · · · · ·		
Star landscape and UNK rem				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Tean Coulos Acosta				
Street Address (NOT a P.O. Box)				
64 Payton St.				
City/Town OYOU' Larve	State RHODE ISLAND	Zip Code (*) 2.9 (*) 5		
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 launtil dissolved or terminated in accordance with RIGL 7-16, unless a				

FILED 1000

AUG - 2 2024

MAIL TO:

Division of Business Services

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

Section 6 of these Articles of Organization.

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

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:				
The Artistand Schiller Communicate he mane	F.C *A		Check this box to indicate attachment	
7. The Limited Liability Company is to be mana	ged by its:			
You MUST check one box:		/		
Members (Owners) OR DO NOT complete the chart below. Manager(s). Complete the chart below.				
	MANAGER(S) NAME		ADDRESS	
	Jean Carlos	ACOSE	64 payton st prin KI	
			•	
			02905	
<u> </u>			Check this box to indicate attachment	
P. Data when these Articles of Organization will	L- againe CHECK			
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 A	Address			
Jean carlos frosta 64 payton st.				
City/Town	State		Zip Code	
Drividence	N.X.		02905	
Signature of Authorized Person			Date	
			8/2/2024	
A CONTRACTOR OF THE PARTY OF TH			8101000	

RI SOS Filing Number: 202458519080 Date: 8/2/2024 10:00:00 AM



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:

August 02, 2024 10:00 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

