RI SOS Filing Number: 202460225030 Date: 9/19/2024 1:46:00 PM



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 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:					
JOEA Cleaning Jervices LZ	. C				
2. The name and address of the initial resident agent/office in Rhode Island is:					
Agent Name Angle Poola Dalle Lancheros					
Street Address (NOT a P.O. Box)					
309 Owen Ave					
City/Town Pautucket	State RHODE ISLAND	Zip Code			
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 309 Owen Ave					
City/Town Paurtucket	State	Zip Code			
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.					

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 FILED

SEP 1-9 2024

6. Additional provisions, if any, not consistent with I of Organization, including, but not limited to, any lir company is formed, and any other provision which	nitation c	f the purpose((s) or duration f	for which the limited liability
			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.		Managers (Individuals hired by the members with no ownership interest) Complete the chart below.		
	MAN	AGER NAME		ADDRESS
				his box to indicate attachment
8. Date when these Articles of Organization will be	effective	: CHECK ON	E BOX ONLY	
Date received (Upon filing)				
Later effective date (Date must be no more that	an 90 da	ys from the da	te of filing)	
Under penalty of perjury, I declare and affirm that I accompanying attachments, and that all statement.			_	
Name of Authorized Person	Addre	ess		
Anguel Ovalle Lanchercs		309	Owen	AVR
City/Town	•	State		Zip Code
Pautucket		RI	-	02860
Signature of Authorized Person				Date ,
Argie Ovalle				09/19/2024

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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:

September 19, 2024 01:46 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

