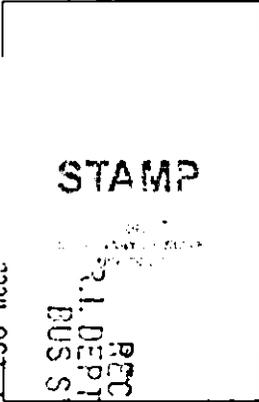




State of Rhode Island
Department of State - Business Services Division



Certificate of Correction

Limited Liability Company

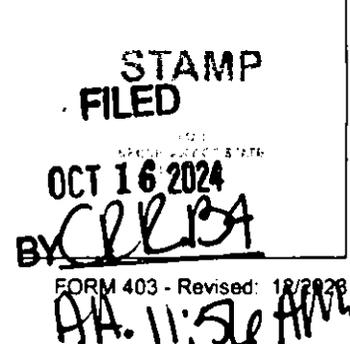
→ Filing Fee: \$50.00

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

1. Entity ID Number: 001754285	2. The name of the limited liability company is: Root and Grow LLC
3. The document to be corrected is: Foreign Limited Liability Company Application for Registration	
4. The name of the individual(s) who signed the document being corrected is: Stephanie Rae Brashear	
5. The date the document being corrected was originally filed on: March 13, 2023	
6. The typographical error, error of transcription or other technical error, or the defect in the execution of the document is: The incorrect form was filed. A certificate of conversion should have been filed with articles of organization for a domestic limited liability company. <p style="text-align: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></p>	
7. The new corrected portion of the document states as follows: Forms are attached; original form to be replaced by Certificate of Conversion to transfer the entity from Ohio to Rhode Island. <p style="text-align: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></p>	
8. As required by RIGL 7-16-67, 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



Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Name of Authorized Person	Street Address	
Stephanie Brashear	325 Angell Street	
City/Town	State	Zip Code
Providence	RI	02906
Signature of Authorized Person		Date
		10/10/24

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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

Application for Certificate of Conversion

DOMESTIC Business Corporation, Non-Profit Corporation, Limited Partnership,
Limited Liability Partnership or Limited Liability Company

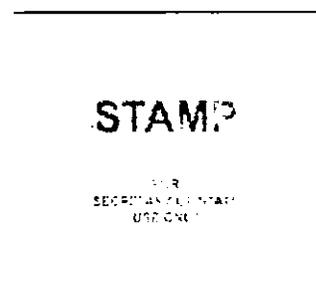
→ No Filing Fee



Pursuant to the applicable provisions of RIGL 7-1.2-1007, 7-6-48.1, 7-12.1-1143, 7-13.1-1143 and 7-16-5.1, the undersigned submits the following Certificate of Conversion:

1. Entity ID Number:		2. The full name of the converting entity is: Root and Grow LLC	
3. It is formed under the jurisdiction of: OH		4. The date of formation is: July 21, 2022	
5. The jurisdiction to which the entity is converting: RHODE ISLAND			
6. The structure of the converting entity is: CHECK ONE BOX ONLY			
<input type="checkbox"/> Business Corporation		<input type="checkbox"/> Non-Profit Corporation	
<input checked="" type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Other Entity	
<input type="checkbox"/> Partnership (General, Limited, or Limited Liability Partnership)		<input type="checkbox"/> Sole Proprietorship	
7. The structure of the entity following conversion will be: CHECK ONE BOX ONLY			
<input type="checkbox"/> Business Corporation		<input type="checkbox"/> Limited Partnership / Limited Liability Limited Partnership	
<input type="checkbox"/> Non-Profit Corporation		<input type="checkbox"/> Limited Liability Partnership	
<input checked="" type="checkbox"/> Limited Liability Company			
8. The name of the entity following the conversion is: Root and Grow LLC			
9. This certificate of conversion and accompanying certificate of formation have been approved by the converting entity in the manner provided for in RIGL <u>7-1.2-1007</u> , <u>7-6-48.1</u> , <u>7-12.1-1143</u> , <u>7-13.1-1143</u> and <u>7-16-5.1</u> .			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



10. This certificate of conversion is filed as an accompanying certificate to: **CHECK ONE BOX ONLY**

- Business Corporation Articles of Incorporation
- Non-Profit Corporation Articles of Incorporation
- Limited Liability Company Articles of Organization
- Statement of Limited Liability Partnership
- Certificate of Limited Partnership
- Statement of Limited Liability Limited Partnership

11. Date when this Certificate of Conversion will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
- Later effective date _____

Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Converting Entity

Root and Grow LLC

Type or Print Name of Person Signing

Stephanie Brashear

Title of Person Signing

Managing Member

Signature



Date

10/10/24

Type or Print Name of Person Signing

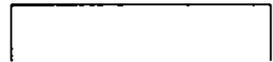


Title of Person of Signing

Signature

Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



Articles of Organization
DOMESTIC Limited Liability Company
→ Filing Fee: \$150.00

2024 OCT 16 AM 11:56
RECEIVED
STATE
DEPT OF
BUS SVCS

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: Root and Grow LLC		
2. The name and address of the initial resident agent/office in Rhode Island is:		
Agent Name Stephanie Brashear		
Street Address (NOT a P.O. Box) 325 Angell Street		
City/Town Providence	State RHODE ISLAND	Zip Code 02906
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):		
<input type="checkbox"/> a disregarded as an entity separate from its member (single member LLC) <input type="checkbox"/> a partnership <input checked="" type="checkbox"/> 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 325 Angell Street		
City/Town Providence	State RI	Zip Code 02906
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 <u>RIGL 7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.		

STAMP

FOR
SECRETARY OF STATE
USE ONLY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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:

Check this box to indicate attachment

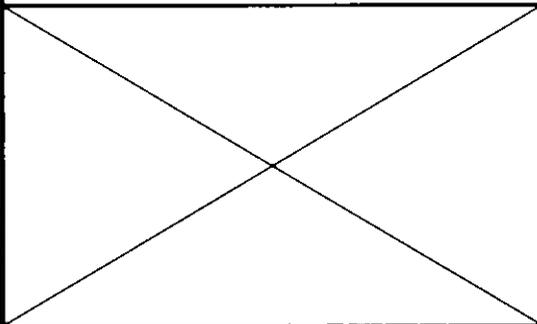
7. The Limited Liability Company is to be managed by its:

You **MUST** check one box:

Members (Owners)
DO NOT complete the chart below.

OR

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 Stephanie Brashear	Address 325 Angell Street		
City/Town Providence	State RI	Zip Code 02906	
Signature of Authorized Person 		Date 10/10/24	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

October 16, 2024 11:56 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

