Artic	State of Rhode Island Department of State - Business Services Divisi les of Organization	on	NEC D RIDOS ESD 25 JAN 15 FM 1:30:1	
	STIC Limited Liability Company	BSD 1:02		
→⊦	ling Fee: \$150.00		ل م	
Pursuar	t to the provisions of <u>RIGL 7-16</u> , the following Articles of Orga ed liability company to be organized hereby:	nization are adopted for		
1. The	name of the limited liability company is:			
TENNIFER Dazz Network LLC.				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Jennifer Dantzler				
Street Address (NOI a P.O. Box) 4 NICKERSON STREET #3				
City/To	wn PAWtucket	State RHODE ISLAND	Zip Code 02860	
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 4 NICKERSON STREET #3				
City/To	^{wn} PAWtucket	State RI	Zip Code 02.866	
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.				

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

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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:				
7. The Limited Liability Company is to be ma	naged by its:	Check this box to indicate attachment		
You MUST check one box:		· · · · · · · · · · · · · · · · · · ·		
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 v				
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				
Jennifer Danteler	4 Nickerso			
PAWtucket	State RI	Zip Code 07860		
Signature of Authorized Person Moder Authorized Person 1-14-25				

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:

January 15, 2025 01:30 PM

Treng M. Course

Gregg M. Amore Secretary of State

