| | | hode Island ecretary of State | Fee: \$150.00 | |
|---|-------------------------|----------------------------------|---------------------|--|
| Division Of Business Services | | | | |
| 148 W. River Street | | | | |
| Providence RI 02904-2615 | | | | |
| (401) 222-3040 | | | | |
| Limited Liability Company | | | | |
| Articles of Organization (Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended) | | | | |
| ARTICLE I | | | | |
| The name of the limited liability company is: MARINE RESTORATION PLUS LLC | | | | |
| ARTICLE II | | | | |
| The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is: | | | | |
| No. and Street: 1 | 8 JASMINE LN | | | |
| | <u>OHNSTON</u> | State: RI | Zip: <u>02919</u> | |
| The name of the resident age | ent at such address is: | JORGE M ARR | IAZA | |
| ARTICLE III | | | | |
| 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: <i>Check one box only</i> | | | | |
| disregarded as an entity separate from its member a partnership X a corporation | | | | |
| ARTICLE IV | | | | |
| The address of its principal office of the limited liability company if it is determined at the time of organization: | | | | |
| No. and Street: <u>18 JA</u> | <u>SMINE LN</u> | | | |
| City or Town: JOHN | ISTON Sta | ate: <u>RI</u> Zip: <u>02919</u> | Country: <u>USA</u> | |
| ARTICLE V | | | | |
| The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization. | | | | |
| The period of its duration is: X Perpetual | | | | |
| ARTICLE VI | | | | |
| Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other | | | | |

| provision which may be included in an operating agreement: | | | | |
|--|--|--|--|--|
| BOAT RESTORATION AND INSULATION | | | | |
| ARTICLE VII | | | | |
| The limited liability company is to be managed by its <u>X</u> Members* or <u>Managers</u> (check one) | | | | |
| * If you checked to be managed by your MEMBERS (<i>the owners</i>) DO NOT complete the following section. <u>Only</u> complete the following section if you checked to be managed by MANAGERS. | | | | |
| The name and address of each manager: | | | | |
| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country | | |
| | | | | |
| The date these Articles of Organization are to become effective, not prior to, nor more than 90 days after the filing of these Articles of Organization. Later Effective Date: <u>02/27/2025</u> This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that in dividual's not and doed on the set and doed of the second period. | | | | |
| that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. | | | | |
| Signed this 27 Day of February, 2025 at 3:55:45 PM by the Authorized Person. | | | | |
| JORGE M ARRIAZA | | | | |
| Address of Authorized Signer: <u>18 JASMINE LN</u> <u>JOHNSTON, RI 02919</u> | | | | |
| Form No. 400 Revised 09/07 | | | | |
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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:

February 27, 2025 03:53 PM

Treng M. Course

Gregg M. Amore Secretary of State

