

State of Rhode Island Department of State - Business Services Division

Articles of Organization

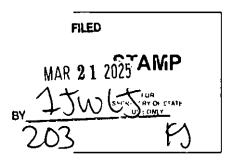
DOMESTIC Limited Liability Company

 \rightarrow Filing Fee: \$150.00



Pursuant to the provisions of <u>RIGL 7-16</u>, 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:				
My Brothers Landscaping LLC				
2. The name and address of the initial resident agent/office in Rhode Island is:				
Agent Name Elijak Lubato				
Street Address (NOT a P.O. Box)				
114 GALFIELD ST				
City/Town	State	Zip Code		
CULTIM FAILS	RHODE ISLAND	02863		
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 Not yet determined				
City/Town	State	Zip Code		
5. The limited liability company has the purpose of engaging in any la until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a 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

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) 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	Address		
Elijah Laporte	114 Garfield St.		
City/Town	State	Zip Code	
Central Falls	RI	07863	
Signature of Authorized Person		Date	
Elim Laporte		3/21/2025	

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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:

March 21, 2025 02:03 PM

Treng M. Course

Gregg M. Amore Secretary of State

