RI SOS Filing Number: 202574428000 Date: 6/11/2025 2:28:00 PM



State of Rhode Island Department of State - Business Services Division

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Articles of Organization

DOMESTIC Limited Liability Company

→ 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:

The name of the limited liability company is:			
EFFI PLUS ECOLOGY LLC			
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name 105E 1 ASTACIO			
Street Address (NOT a P.O. Box) GU WARRINGTON 57. 2ND FLOOR			
City/Town	State	Zip Code	
PROVIDENCE	RHODE ISLAND	02907	
 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 64 WAZZINGTON 57. 2ND. FLOOR			
City/Town	State	Zip Code	
PROVIDENCE	R.I	F0P50	
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 (B)

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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:			
		Check this box to indicate attachment	
7. The Limited Liability Company is to be managed by its:			
You MUST check one box:			
Members (Owners) O NOT complete the chart b		ger(s). Complete the chart below.	
	MANAGER(S) NAME	ADDRESS	
	NESTOR JAVIER MEZA	64 WARRINGTON ST PROVIDENCE R 2 02907	
		H WARRINGTON 57 2 ND PROVIDENCE R.I. 02907	
	C	Check this box to indicate attachment	
8. Date when these Articles of Organization will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing) ater 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 上のらさ」 ならてみこう	Address GY WARR: NCTON	ST ZND FLOOR	
City/Town	State	Zip Code	
Providence	R.I.	02907	
Signature of Authorized Person Association		Date 6/11/2025	

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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:

June 11, 2025 02:28 PM

Gregg M. Amore Secretary of State

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