ID Number: ____ Filing Fee: \$150.00



1. The name of the limited liability company is:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

Pursuant to the provisions of Chapter 7-16 of the General Laws of Rhode Island, 1956, as amended, the following Articles of Organization are adopted for the limited liability company to be organized hereby:

12	28 NORFOLK ST APT 1	CRANSTON	, RI	02910
	(Street Address, not P.O. Box)	(City/Town)		(Zip Code)
and	nd the name of the resident agent at such address is	ROBERTO GOMEZ		
۵.,,	id the fidine of the resident agent at sach address to	(Name of Agent)		
	nder the terms of these Articles of Organization and ar e limited liability company is intended to be treated for		nt made o	
	e limited liability company is intended to be treated for		nt made o	
	e limited liability company is intended to be treated for (Check or	purposes of federal income to	nt made o axation as	

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 Chapter 7-16, unless a more limited purpose or duration is set forth in paragraph 6 of these Articles of Organization.

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Form No. 400 Revised: 09/06

					
7. Management of the Limite	Management of the Limited Liability Company:				
A. The limited liability con	npany is to be managed by its members. (If you have checked this box, go to iter				
	<u>or</u>				
company has mana	B. The limited liability company is to be managed v by one (1) or more managers. (If the limited liabili company has managers at the time of the filing of these Articles of Organization, state the name ar address of each manager.)				
Manager	<u>Address</u>				
ROBERTO GOMEZ	128 NORFOLK ST APT 1 CRANSTON RI 02910				
					
. The date these Articles of	Organization are to become effective, if later than the date of filing, is:				
(not pi	ior to, nor more than 30 days after, the filing of these Articles of Organization)				
	Name and Address of Authorized Person: ROBERTO GOMEZ				
	IZE NUKFU/K ST #1				
	CLANSTON, KZ ESTIL				
	Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including an accompanying attachments, and that all statements contained herein are-true and correct.				
Date: 04/21/2010	Signature of Authorized Person				



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

