



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN 17 AM 8:57

STATE OF IDAHO
SHERIFF'S OFFICE

1. The name of the limited liability company is:

Petal Passion L.L.C.

2. The complete street and mailing addresses of the initial designated office:

1615 Market Way Ammon, Idaho 83406

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Sarah Barrett

(Name)

1595 N 760 E Shelley, ID. 83274

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Jason Barrett

Address

1595 N 760 E Shelley, ID. 83274

5. Mailing address for future correspondence (annual report notices):

1615 Market Way Ammon, Idaho 83406

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Sarah L. Barrett

Typed Name: Sarah L. Barrett

Secretary of State use only

Signature

Jason M. Barrett

Typed Name: Jason M. Barrett

IDaho SECRETARY OF STATE
01/17/2014 05:00
CK: 307 CT: 291878 DH: 1406486
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W133284