51	
CERTIFICATE OF ORGANIZATION ILED EFFECTIVE	
LIMITED LIABILITY COMPAN	
(Instructions on back of application)	OFODE ABLE OF OTATE
1. The name of the limited liability company is:	STATE CARACTER STATE
DUCKWORTH LLC	
2. The complete street and mailing addresses of the initia 5005 Freemont ld	designated office:
(Street Address) New Pymouth . 10 83 (Mailing Address, if different than street address)	655
3. The name and complete street address of the registere	ed agent:
(Name) SUSAN DUCKWORth 5005 Freen (Name) (Street Address)	nont Rd New Plymouth ID 83655
The name and address of at least one member or man company:	ager of the limited liability
Name Curran Duckerson TIL	Address
SUSAN DUCKWORTH 5005 Fre	
HARRY DUCKWORTH ID 8	3655
5. Mailing address for future correspondence (annual rep	ort notices):
5005 Freemout Ro	
6. Future effective date of filing (optional):	
Signature of a manager, member or authorized	
person.	Secretary of State use only
Signature	IDANO SECRETARY OF STATE
Typed Name: Susan WCCionCitti	05/01/2014 05:00 CK:1101 CT:296325 BH:1422749
Signature therein anteworth	<u> 18 10</u> 0.00 = 100.00 ORGAN LLC #
Typed Name: HARRY JOCKWORTH-	61140000
9/21/2012 cert_org_llc Rev. 07/2010	W137352

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251