



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

JUL 14 AM 9:40

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Ramirez Rental, LLC.

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

2488 Prospect Dr. Apt #3 IDAHO FALLS ID 83401
(Street Address)

(Mailing Address, if different than street address)

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

Cristobal Ramirez 2488 Prospect Dr. Apt. #3
(Name) (Street Address)
IDAHO FALLS ID 83401

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

| Name | Address |
|------------------------|---------------------------------|
| <u>Mariana Ramirez</u> | <u>2488 Prospect Dr. Apt #3</u> |
| | <u>IDAHO FALLS ID 83401</u> |

| | |
|--------------------------|----------------------------------|
| <u>LORENA G. RAMIREZ</u> | <u>2488 Prospect Dr. Apt. #3</u> |
| | <u>IDAHO FALLS ID 83401</u> |

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

2488 Prospect Dr. Apt #3 IDAHO FALLS ID 83401

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

Signature of a manager, member or authorized person.

Signature Cristobal Ramirez
Typed Name: Cristobal Ramirez

Signature Mariana Ramirez
Typed Name: Mariana Ramirez

Secretary of State use only

IDAHO SECRETARY OF STATE
07/14/2014 05:00
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