



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP -9 AM 11: 32

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

ADAL'S HANDYMAN SERVICE LLC

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

24 N FAIRVIEW ST NAMPA, ID 83651

(Street Address)

(Mailing Address, if different than street address)

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

ADALBERTO FLORES

(Name)

24 N FAIRVIEW ST NAMPA, ID 83651

(Street Address)

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

Name

Address

ADALBERTO FLORES

24 N FAIRVIEW ST NAMPA, ID 83651

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

24 N FAIRVIEW ST NAMPA, ID 83651

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Adalberto Flores

Typed Name: ADALBERTO FLORES

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

09/09/2014 05:00

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