

Capacity: Busines owner

## ARTICLES OF ORGANIZATIONED EFFECTIVE LIMITED LIABILITY COMPANY AND MAY 28 AM 9: 07

	(Instructions on bac	k of application)	ATE NAME	
1.	The name of the limited liability con	npany is:	STATE OF IDAHO	
	Latino Foods Distribution, LLC			
2.	2. The street address of the initial registered office is:			
	2422 12th Avenue Road #124 Na	mpa, ID 83686		
	and the name of the initial registered	d agent at the above	address is:	
	Paul B Vargas			
3.	The mailing address for future correspondence is:			
	same as above			
4.	Management of the limited liability company will be vested in:			
	Manager(s)  or Member(s)	(please check the app	oropriate box)	
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.			ent is to be vested in the	
	Name		Address	
	Paul B Vargas 100%	11100 Fowler Ln	Fowler Ln Nampa, ID 83686	
	Lida F Vargas	11100 Fowler Ln Nampa, ID 83686		
6. S	Signature of at least one person respo	onsible for forming t	ha limita et li at litte	
Si	ignature:	2 Production for for filling to		
Typed Name: Paul B Vargas		tou bes	Secretary of State use only	
C	apacity: Business owner	C forms lartsoforganization. p65		
Si	gnature MANA	The Variation	INMIN CEPTETARY OF ASA	
	(ned Name: Lida E Vargas	LC forms\	IDANO SECRETARY OF STATE	

CK: 93 CT: 179638 BH: 747663 1 9 100.00 = 100.00 ORGAN LLC # 2