

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JUL -8 AM 8:46

 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

GMS ENTERPRISES, LLC

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

3527 S TWIN SPRINGS WAY NAMPA, ID 83686

(Street Address)

(Mailing Address, if different than street address)

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

GRANT MANN SALINAS

(Name)

3527 S TWIN SPRINGS WAY NAMPA, ID 83686

(Street Address)

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

NameAddress
GRANT MANN SALINAS
3527 S TWIN SPRINGS WAY NAMPA, ID 83686

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

3527 S TWIN SPRINGS WAY NAMPA, ID 83686

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

Signature of a manager, member or authorized person.

Signature

 Typed Name: GRANT MANN SALINAS

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/08/2014 05:00

CK:159 CT:298759 BH:1432262

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