



0004257363

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0004257363

Date Filed: 4/27/2021 10:52:14 AM

| Certificate of Organization Limited Liability Company                                                                                                                                      |                                                                                                                                                                       |      |         |                        |                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|------------------------|--------------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                                                               | Standard (filing fee \$100)                                                                                                                                           |      |         |                        |                                            |
| 1. Limited Liability Company Name                                                                                                                                                          |                                                                                                                                                                       |      |         |                        |                                            |
| Type of Limited Liability Company                                                                                                                                                          | Limited Liability Company                                                                                                                                             |      |         |                        |                                            |
| Entity name                                                                                                                                                                                | Martin Essentials LLC                                                                                                                                                 |      |         |                        |                                            |
| 2. The complete street address of the principal office is:                                                                                                                                 |                                                                                                                                                                       |      |         |                        |                                            |
| Principal Office Address                                                                                                                                                                   | 3213 N 4900 W<br>MALAD, ID 83252                                                                                                                                      |      |         |                        |                                            |
| 3. The mailing address of the principal office is:                                                                                                                                         |                                                                                                                                                                       |      |         |                        |                                            |
| Mailing Address                                                                                                                                                                            | 3213 N 4900 W<br>MALAD CITY, ID 83252-6720                                                                                                                            |      |         |                        |                                            |
| 4. Registered Agent Name and Address                                                                                                                                                       |                                                                                                                                                                       |      |         |                        |                                            |
| Registered Agent                                                                                                                                                                           | Registered Agent<br>Samantha Nicole Martin<br>Physical Address:<br>3213 N 4900 W<br>MALAD, ID 83252<br>Mailing Address:<br>3213 N 4900 W<br>MALAD CITY, ID 83252-6720 |      |         |                        |                                            |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                               |                                                                                                                                                                       |      |         |                        |                                            |
| 5. Governors                                                                                                                                                                               |                                                                                                                                                                       |      |         |                        |                                            |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Samantha Nicole Martin</td><td>3213 N 4900 W<br/>MALAD CITY, ID 83252-6720</td></tr></tbody></table> |                                                                                                                                                                       | Name | Address | Samantha Nicole Martin | 3213 N 4900 W<br>MALAD CITY, ID 83252-6720 |
| Name                                                                                                                                                                                       | Address                                                                                                                                                               |      |         |                        |                                            |
| Samantha Nicole Martin                                                                                                                                                                     | 3213 N 4900 W<br>MALAD CITY, ID 83252-6720                                                                                                                            |      |         |                        |                                            |
| Signature of Organizer:                                                                                                                                                                    |                                                                                                                                                                       |      |         |                        |                                            |
| <u>Samantha Nicole Martin</u>                                                                                                                                                              | <u>04/27/2021</u>                                                                                                                                                     |      |         |                        |                                            |
| Sign Here                                                                                                                                                                                  | Date                                                                                                                                                                  |      |         |                        |                                            |

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