



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2014 OCT -3 AM 8:38

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

STORMLINEMAN.COM LLC.

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

5113 E SHORE COVE POST FALLS, IDAHO, 83854

(Street Address)

(Mailing Address, if different than street address)

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

JASON PIMENTAL

(Name)

5113 E SHORE COVE POST FALLS, IDAHO, 83854

(Street Address)

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

Name
Address

JERRI PIMENTAL

5113 E SHORE COVE POST FALLS, IDAHO, 83854

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

5113 E SHORE COVE POST FALLS, IDAHO, 83854

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: JASON PIMENTAL

Signature

Typed Name: JERRI PIMENTAL

Secretary of State use only

IDAHO SECRETARY OF STATE

10/03/2014 05:00

CK:1063 CT:301797 BH:1443890

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