



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 17 PM 2:55

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cloud Nine Vapor LLC.

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

8671 W Emerald Boise, ID, 83709

(Street Address)

(Mailing Address, if different than street address)

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

Erika Rodriguez

(Name)

503 N. Sourwood Ave Kuna, ID, 83634

(Street Address)

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

Name

Address

Erika Rodriguez

503 N Sourwood Ave Kuna, ID, 83634

Stephen Thomas

503 N. Sourwood Ave Kuna ID 83634

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

503 N. Sourwood Ave Kuna, ID, 83634

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

Signature of a manager, member or authorized person.

Signature Erika Rodriguez

Typed Name: Erika Rodriguez

Signature _____

Typed Name: _____

Secretary of State use only

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01/17/2013 05:00
CK: 1257773 CT: 172099 BH: 1356238
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