



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** LIMITED LIABILITY COMPANY

2014 MAY -8 AM 11:41

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A TASTE OF THE MEDITERRANEAN LLC

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

1800 GARRETT WAY STE 22 POCA TELLO ID 83201

(Street Address)

4210 W EMERALD BOISE ID 83706

(Mailing Address, if different than street address)

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

SULEMAN SALEH

(Name)

6751 S SOLAR AVE BOISE ID 83709

(Street Address)

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

Name

Address

SULEMAN SALEH

6751 S SOLAR AVE BOISE ID 83709

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

6751 S Solar Ave Boise ID 83709

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

Signature of a manager, member or authorized person.

Signature *Suleman Saleh*

Typed Name: SULEMAN SALEH

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/08/2014 05:00

CK: CASH CT: 294649 BH: 1423883
1@ 100.00 = 100.00 ORGAN LLC #2

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