







STATE OF IDAHO Office of the secretary of state, Phil McGrane **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 #: 0005383459

Date Filed: 9/5/2023 2:12:06 PM

| 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 | | Voice Over Dude LLC | |
| 2. The complete street address of the prir | ncipal office is: | | |
| Principal Office Address | | 784 S. CLEARWATER LOOP | |
| | | STE R | |
| | | POST FALLS, ID 83854 | |
| 3. The mailing address of the principal off | ice is: | | |
| Mailing Address | | 784 S. CLEARWATER LOOP | |
| | | STE R | |
| | | POST FALLS, ID 83854 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | REGISTERED AGENTS INC | |
| | | Commercial Registered Agent | |
| | | Physical Address | |
| | | 784 S CLEARWATER LOOP STE R | |
| | | POST FALLS, ID 83854 | |
| | | Mailing Address | |
| | | 784 S CLEARWATER LOOP STE R | |
| | | POST FALLS, ID 83854 | |
| I affirm that the registered a | agent appointed has consented | d to serve as registered agent for this entity. | |
| | | Address | |
| Name | | Address | |
| Jake Nelke | 2654 N PARTRIDGE I POST FALLS, ID 838 | 2654 N PARTRIDGE LP POST FALLS, ID 83854 | |
| Signature of Organizer: | | | |
| | | | |
| Robin Jones | | 09/05/2023 | |