



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

2013 AUG 12 PM 2:51

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
APEX APPS LLC
2. The complete street and mailing addresses of the initial designated office:
8750 W TILLAMOOK DR BOISE ID 83709
(Street Address)

(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:

BENJAMIN D FLOYD 8750 W TILLAMOOK DR BOISE ID 83709
(Name) (Street Address)
4. The name and address of at least one member or manager of the limited liability company:

<u>Name</u>	<u>Address</u>
BENJAMIN D FLOYD	8750 W TILLAMOOK DR BOISE ID 83709
5. Mailing address for future correspondence (annual report notices):
8750 W TILLAMOOK DR BOISE ID 83709
6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Bjn
Typed Name: BENJAMIN D FLOYDSignature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/12/2013 05:00
CK: 1105 CT: 206209 BH: 1305724
1 @ 100.00 = 100.00 ORGAN LLC # 2

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