







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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 #: 0004618782

Date Filed: 2/20/2022 10:45:03 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | Expedited (+\$40; filing fee \$140) |
|--|--|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Limited Liability Company |
| Entity name | Optimized Braille LLC |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | 1119 E. BONNEVILLE POCATELLO, ID 83201 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | 1119 E BONNEVILLE ST POCATELLO, ID 83201-4841 |
| 4. Registered Agent Name and Address | |
| Registered Agent | Registered Agent |
| | Salvador Cano Camacho Jr Physical Address: |
| | 1119 E. BONNEVILLE |
| | POCATELLO, ID 83201 |
| | Mailing Address: |
| | 1119 E BONNEVILLE ST POCATELLO, ID 83201-4841 |
| I affirm that the registered agent appointed has consented to | o serve as registered agent for this entity. |
| Name | Address |
| | 1 |
| Salvador Cano Camacho JR | 1119 E. BONNEVILLE POCATELLO, ID 83201 |
| Salvador Cano Camacho JR Signature of Organizer: | |
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