9/21/2012



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

2013 DEC 18 AM 8:58

(Instructions on back of application)

1. The name of the limited liability con	npany is: SECREMAN OF STATE STATE OF INSHO
717 FLUESAPEUTS	LLC
2. The complete street and mailing add	dresses of the initial designated office:
509 S, M	TOKETON RD. #101
(Street Address) /// /// (Mailing Address, if different than street address)	TOBAU 82644
3. The name and complete street addr	ress of the registered agent:
JOHANDU BLOREDGE (Name)	SCA S, INFORMATION RD. 4701 MEPPURSON ED 82644 (Street Address)
The name and address of at least of company:	ne member or manager of the limited liability
<u>Name</u>	<u>Address</u>
JOHASHAN BIPUSACE	509 S 15 DPURSON RD. #101 1250 PURSON IA 83644
	
5. Mailing address for future correspon	ndence (annual report notices):
SOO S. MODPHOUN RD. +16	1) LABORAGO- TOBRO 83PAA
6. Future effective date of filing (option	nal): NA
Signature of a manager, member or person.	authorized
1101	Secretary of State use only
Signature / / /// ///	
Typed Name: Jovannau James	ES ELANAGE
Signature	
Typed Name:	1 9 100.00 = 100.00 ORGAN LLC # 2
1012	cert_org_lic Rev. 07/2010 W 13 2224