





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 #: 0005870313

Date

Date Filed: 8/29/2024 1:08:52 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Servic descriptions below) | ce (see Standard (filing fee \$100) |
|--|--|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Limited Liability Company |
| Entity name | Dead Eyes Tactical Solutions LLC |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | KADEN RUBERT |
| | 524 N 2600 E |
| | ST ANTHONY, ID 83445 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | KADEN RUBERT |
| | 524 N 2600 E |
| | SAINT ANTHONY, ID 83445-5813 |
| 4. Registered Agent Name and Address | |
| Registered Agent | Registered Agent |
| | Kaden M Rubert |
| | Physical Address: |
| | KADEN RUBERT 524 N 2600 E |
| | ST ANTHONY, ID 83445 |
| | Mailing Address: |
| | KADEN RUBERT |
| | 524 N 2600 E |
| | SAINT ANTHONY, ID 83445-5813 |
| ☑ I affirm that the registered agent appointed has contained. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | onsented to serve as registered agent for this entity. |
| 5. Governors | |
| Name | Address |
| 524 IDA | DEN RUBERT IN 2600 E IHO ANTHONY, ID 83445 |
| | |
| Signature of Organizer: | |
| Signature of Organizer: | |

Sign Here