



0003658886

For Office Use Only

-FILED-

File #: 0003658886

Date Filed: 10/31/2019 1:24:31 PM

**STATE OF IDAHO***Office of the secretary of state, Lawrence 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 - Make Checks Payable to Secretary of State

| 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 | Vahagn Sargsyan Roth IRA LLC | | | | |
| 2. The complete street address of the principal office is: | | | | | |
| Principal Office Address | 835 S WILD PHLOX PLACE BOISE, ID 83709 | | | | |
| 3. The mailing address of the principal office is: | | | | | |
| Mailing Address | 835 S WILD PHLOX PL BOISE, ID 83709-1700 | | | | |
| 4. Registered Agent Name and Address | | | | | |
| Registered Agent | VAHAGN SARGSYAN Registered Agent Physical Address 835 S WILD PHLOX PL BOISE, ID 83709 Mailing Address | | | | |
| 5. Governors | | | | | |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Vahagn Sargsyan</td><td>835 S WILD PHLOX PLACE BOISE, ID 83709</td></tr></tbody></table> | | Name | Address | Vahagn Sargsyan | 835 S WILD PHLOX PLACE BOISE, ID 83709 |
| Name | Address | | | | |
| Vahagn Sargsyan | 835 S WILD PHLOX PLACE BOISE, ID 83709 | | | | |
| Signature of Organizer: | | | | | |
| <u>Vahagn Sargsyan</u> | <u>10/31/2019</u> | | | | |
| Sign Here | Date | | | | |
| Print & Mail Enclosures | | | | | |
| <input checked="" type="checkbox"/> I understand the document can ONLY be filed if the following items are included: | | | | | |
| Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of State, signed and recently dated. | | | | | |
| This filing form (submit within 30 days) with the required signature(s). | | | | | |
| If you are submitting a correction, return the correction letter with your updated document. | | | | | |

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