



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

(Instructions on back of application)

2014 NOV 20 AM 9:15

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

VAPOR MAX - JUNGLE TROPICS LLC

2. The complete street and mailing addresses of the initial designated office:

6503 HARRISON ST BONNERS FERRY ID 83805

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

GARY R RHOADS

(Name)

6476 S MAIN ST STE B BONNERS FERRY ID 83805

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

CRYSTAL M ANTON

6537 JEFFERSON ST BONNERS FERRY ID 83805

ZEUS M ANTON

6537 JEFFERSON ST BONNERS FERRY ID 83805

5. Mailing address for future correspondence (annual report notices):

6537 JEFFERSON ST BONNERS FERRY ID 83805

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: CRYSTAL M ANTON

Signature

Typed Name: ZEUS M ANTON

Secretary of State use only

IDAHO SECRETARY OF STATE

11/20/2014 05:00

CK:1000 CT:279218 BH:1450062

1@ 100.00 = 100.00 ORGAN LLC #2

W144538