

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

2016 DEC 29 AM 9: 13

Complete and submit the application in duplicate.

SECRETARY OF STATE STATE OF IDAHO

| (Remember to include th         | ne words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC) |
|---------------------------------|---|
| The complete street and r       | nailing addresses of the principal office is:   |
| 717 Flowers St. Saint Aug       | justine FL 33092  |
| (Street Address)                |   |
| (Mailing Address, if different) |   |
| The name of the registere       | d agent and the street address of the registered agent:   |
| Rolly Phillips                  | 920 Main St. Lewiston, ID 83501   |
| (Name)                          | (Address cannot be a post office box or postal mail box.)   |
|                                 | •   |
| The name and address of         | at least one governor of the limited liability company:   |
| Jennifer White                  | 2081 Magnus Lane Jacksonville, FL 32246   |
| (Name)                          | (Address)   |
| Joelle Craig                    | 717 Flowers St. Saint Augustine, FL 33092   |
| (Name)                          | (Address)   |
| (Name)                          | (Address)   |
|                                 |   |
| (Name)                          | (Address)   |
| Mailing address for future      | correspondence (annual report notices):   |
|                                 | ustine. FL 33092  |
| 717 Flowers St. Saint Aug       |   |
| 717 Flowers St. Saint Aug       |   |
|                                 |   |
|                                 | Secretary of State use only   |

CK: 474 CT: 332747 BH: 1561391 1@ 100.00 = 100.00 ORGAN LLC #2

WITU189

Signature:\_

Printed Name: -

Joelle Craig