



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2013 SEP 20 AM 9:00

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Elite Stylist LLC

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

342 Blue Lakes Blvd N Twin Falls, Idaho 83301

(Street Address)

(Mailing Address, if different than street address)

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

Kelci Kelly

(Name)

368 Fafnir Dr Kimberly Id 83341

(Street Address)

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

**Name**

**Address**

Kelci Kelly

368 Fafnir Dr. Kimberly Id 83341

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

342 Blue Lakes Blvd N Twin Falls, Idaho 83301

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature Kelci Kelly

Typed Name: Kelci Kelly

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/23/2013 05:00  
CK: 1607 CT: 213318 BH: 1390999  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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