







## **STATE OF IDAHO**

## Office of the secretary of state, Lawerence 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 For Office Use Only

-FILED-

File #: 0003981250

Date Filed: 8/28/2020 9:53:05 AM

| Certificate of Organization Limited Liability Compan<br>Select one: Standard, Expedited or Sal<br>descriptions below) | •                          | Standard (filing fee \$100)                     |  |
|---|----------------------------|---|--|
| 1. Limited Liability Company Name   |                            |   |  |
| Type of Limited Liability Company   |                            | Limited Liability Company                       |  |
| Entity name   |                            | Inclusive Travel Agency LLC                     |  |
| 2. The complete street address of the principal office  | e is:                      |   |  |
| Principal Office Address  |                            | 8715 W ATWATER DR<br>GARDEN CITY, ID 83714      |  |
| 3. The mailing address of the principal office is:  |                            |   |  |
| Mailing Address   |                            | 8715 W ATWATER DR<br>GARDEN CITY, ID 83714-1800 |  |
| 4. Registered Agent Name and Address  |                            |   |  |
| Registered Agent  |                            | Registered Agent                                |  |
|   |                            | Kinsey Sokol Physical Address:                  |  |
|   |                            | 8715 W ATWATER DR                               |  |
|   |                            | GARDEN CITY, ID 83714-1800                      |  |
|   |                            | Mailing Address:                                |  |
|   |                            | 8715 W ATWATER DR                               |  |
|   |                            | GARDEN CITY, ID 83714-1800                      |  |
| ☑ I affirm that the registered agent ap   | pointed has consented to   | o serve as registered agent for this entity.    |  |
| 5. Governors  |                            |   |  |
|   |                            |   |  |
| Name  |                            | Address   |  |
| Name Kinsey L Sokol   | 8715 W ATWA<br>GARDEN CITY | TER DR  |  |
|   |                            | TER DR  |  |
| Kinsey L Sokol  |                            | TER DR  |  |