



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 FEB 24 AM 10:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SOF DESIGNS, LLC

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

705 HINES ROAD, SANDPOINT ID 83864

(Street Address)

P.O. BOX 1453 SANDPOINT ID 83864

(Mailing Address, if different than street address)

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

KRISTA WEBBER

(Name)

705 HINES ROAD, SANDPOINT ID 83864

(Street Address)

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

Name

Address

SUSAN ARIMA-MILLER

217 CEDAR ST. #170 SANDPOINT ID 83864

KRISTA WEBBER

P.O. BOX 1453 SANDPOINT ID 83864

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

SOF DESIGNS P.O. BOX 1453 SANDPOINT ID 83864

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature *Susan Arima-Miller*

Typed Name: SUSAN ARIMA-MILLER

Signature *Krista Webber*

Typed Name: KRISTA WEBBER

Secretary of State use only

IDAHO SECRETARY OF STATE
02/24/2014 05:00
CK: 1171 CT: 293303 BH: 1411839
1 @ 100.00 = 100.00 ORGAN LLC # 2

W134700