



0004330220

**STATE OF IDAHO**

Office of the secretary of state, Lawrence 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 #: 0004330220

Date Filed: 7/2/2021 12:53:16 PM

| Certificate of Organization Limited Liability Company                                                                                                                                                                                                            |                                                                                                                                                                       |      |         |               |                                         |                 |                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------|-----------------------------------------|-----------------|-----------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)                                                                                                                                                                                     | Expedited (+\$40; filing fee \$140)                                                                                                                                   |      |         |               |                                         |                 |                                         |
| 1. Limited Liability Company Name                                                                                                                                                                                                                                |                                                                                                                                                                       |      |         |               |                                         |                 |                                         |
| Type of Limited Liability Company                                                                                                                                                                                                                                | Limited Liability Company                                                                                                                                             |      |         |               |                                         |                 |                                         |
| Entity name                                                                                                                                                                                                                                                      | Kulinary Kreations LLC                                                                                                                                                |      |         |               |                                         |                 |                                         |
| 2. The complete street address of the principal office is:                                                                                                                                                                                                       |                                                                                                                                                                       |      |         |               |                                         |                 |                                         |
| Principal Office Address                                                                                                                                                                                                                                         | 383 GARDNER AVE<br>TWIN FALLS, ID 83301                                                                                                                               |      |         |               |                                         |                 |                                         |
| 3. The mailing address of the principal office is:                                                                                                                                                                                                               |                                                                                                                                                                       |      |         |               |                                         |                 |                                         |
| Mailing Address                                                                                                                                                                                                                                                  | 383 GARDNER AVE<br>TWIN FALLS, ID 83301-7714                                                                                                                          |      |         |               |                                         |                 |                                         |
| 4. Registered Agent Name and Address                                                                                                                                                                                                                             |                                                                                                                                                                       |      |         |               |                                         |                 |                                         |
| Registered Agent                                                                                                                                                                                                                                                 | Registered Agent<br>Kari M Nelson<br>Physical Address:<br>383 GARDNER AVE<br>TWIN FALLS, ID 83301<br>Mailing Address:<br>383 GARDNER AVE<br>TWIN FALLS, ID 83301-7714 |      |         |               |                                         |                 |                                         |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                                                                                                     |                                                                                                                                                                       |      |         |               |                                         |                 |                                         |
| 5. Governors                                                                                                                                                                                                                                                     |                                                                                                                                                                       |      |         |               |                                         |                 |                                         |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Kari M Nelson</td><td>383 GARDNER AVE<br/>TWIN FALLS, ID 83301</td></tr><tr><td>Hilario M Bento</td><td>383 GARDNER AVE<br/>TWIN FALLS, ID 83301</td></tr></tbody></table> |                                                                                                                                                                       | Name | Address | Kari M Nelson | 383 GARDNER AVE<br>TWIN FALLS, ID 83301 | Hilario M Bento | 383 GARDNER AVE<br>TWIN FALLS, ID 83301 |
| Name                                                                                                                                                                                                                                                             | Address                                                                                                                                                               |      |         |               |                                         |                 |                                         |
| Kari M Nelson                                                                                                                                                                                                                                                    | 383 GARDNER AVE<br>TWIN FALLS, ID 83301                                                                                                                               |      |         |               |                                         |                 |                                         |
| Hilario M Bento                                                                                                                                                                                                                                                  | 383 GARDNER AVE<br>TWIN FALLS, ID 83301                                                                                                                               |      |         |               |                                         |                 |                                         |
| Signature of Organizer:                                                                                                                                                                                                                                          |                                                                                                                                                                       |      |         |               |                                         |                 |                                         |
| <i>Kari Michelle Nelson</i>                                                                                                                                                                                                                                      | 07/02/2021                                                                                                                                                            |      |         |               |                                         |                 |                                         |
| Sign Here                                                                                                                                                                                                                                                        | Date                                                                                                                                                                  |      |         |               |                                         |                 |                                         |

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