







## 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 #: 0004144782

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| Select one: Standard, Expedited descriptions below)                | Company<br>or Same Day Service (see | Standard (filing fee \$100)          |            |
|--|-------------------------------------|--------------------------------------|------------|
| 1. Limited Liability Company Name                                  |                                     |                                      |            |
| Type of Limited Liability Company                                  | <i>!</i>                            | Limited Liability Company            |            |
| Entity name  |                                     | MaximumClean LLC.                    |            |
| The complete street address of the princi Principal Office Address | oal office is:                      | 2244 MT DAVIDSON<br>DRIGGS, ID 83422 |            |
| 3. The mailing address of the principal office                     | is:                                 |                                      |            |
| Mailing Address  |                                     | PO BOX 916<br>DRIGGS, ID 83422-0916  |            |
| 4. Registered Agent Name and Address                               |                                     |                                      |            |
| Registered Agent   |                                     | Registered Agent                     |            |
|  |                                     | Max Ora Physical Address:            |            |
|  |                                     | 2244 MT. DAVIDSON                    |            |
|  |                                     | DRIGGS, ID 83422                     |            |
|  |                                     | Mailing Address:                     |            |
|  |                                     | PO BOX 916<br>DRIGGS, ID 83422-0916  |            |
| I affirm that the registered ag                                    | ent appointed has consented to      | o serve as registered agent for thi  | s entity.  |
| Name   |                                     | Address                              |            |
|  | P.O. BOX 916                        |                                      |            |
| Max Ora  | DRIGGS, ID 83422                    |                                      |            |
| Max Ora Signature of Organizer:                                    | DRIGGS, ID 83422                    |                                      |            |
|  | DRIGGS, ID 83422                    |                                      | 01/27/2021 |