

## LIMITED LIABILITY COMPANY FILED EFFECTIVE **CERTIFICATE OF ORGANIZATION**

(Instructions on back of application)

12 MAR 20 PM 4: 53

1.	The name of the limited liability con	npany is:	LUNCIART OF STATE STATE OF IDAHO	
	Firs	First Class Security LLC		
2.	The complete street and mailing addresses of the initial designated office:  664 Hyrda Ave Star, Idaho 83669  (Street Address)			
	664 Hyrda Ave Star, Idaho 83669 (Mailing Address, if different than street address)			
3.	3. The name and complete street address of the registered agent:			
	Vincent Kruszewski (Name)	664 Hydra A	ve Star, Idhao	
4. The name and address of at least one member or a company:			or manager of the limited liability	
	<u>Name</u>		<u>Address</u>	
	Vincent Kruszewski	664 Hydra Ave Star, Idhao		
	72.4			
5.	niling address for future correspondence (annual report notices):			
	664 Hyrda Ave Star, Idaho 83669			
6.	Future effective date of filing (option	al):		
	, and an	<i>/</i> ·	·	
_	nature of a manager, member or	authorized		
hei	son.		Secretary of State use only	
Sig	nature VINCENT Kruszews	Ki	•	
Typed Name: Vincent Kruszewski IDAHO SECRETO			IDAHO SECRETARY OF STATE	
			U3/20/2012 05:00 CK: CASH C7: 268375 BH: 1316075 1 0 100.00 = 100.00 ORGAN LLC # 2	
Sig	nature		1 # 100.80 = 180.80 ORGAN LLC # 2	

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