

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

	APR	-8	AΜ	8:	50
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SEGRE BY OF STATE

		SECRETARY SECRETARY			
1. T	he name of the limited liability con	npany is: STATE (
	Cafe F	Restaurante Agape LLC			
2. T	he complete street and mailing add 259 Main Ave E, Twin Falls, ID 83301	dresses of the initial designated/principal office:			
	(Street Address) 259 Main Ave E, Twin Falls, ID 83301 (Mailing Address, if different than street address)				
3. T	The name and complete street address of the registered agent:				
	Luz Camen Ortiz	259 Main Ave E, Twin Falls, ID 83301			
•	(Name)	(Street Address)			
	The name and address of at least one member or manager of the limited liability company:				
	<u>Name</u>	Address			
-	Fidel Villalovos	259 Main Ave E, Twin Falls, ID 83301			
_	Luz Camen Ortiz	259 Main Ave E, Twin Falls, ID 83301			
<u> </u>	Eduviges Villalovos	259 Main Ave E, Twin Falls, ID 83301			
-					
	ailing address for future correspond 259 Main Ave E, Twin Falls, ID 83301	dence (annual report notices):			
6. Fı	uture effective date of filing (optiona	ai):			
Signa ersoi	ture of a manager, member or a	authorized			
Signat	ture Fich Dellas	Secretary of State use only			
yped	Name: Fidel Villalovos				

IDANO SECRETARY OF STATE **94/98/2011 95:00**CK: 1134 CT: 257558 BH: 1268333
1 @ 100.00 = 100.00 ORGAN LLC N 2

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Signature ____

Typed Name: _