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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED

2014 OCT 24 PM 3:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

A PHOENIX RISING LLC

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

1345 SOUTH BREEZY WAY, POST FALLS ID 83854

(Street Address)

SAME

(Mailing Address, if different than street address)

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

BONNE GEISE

(Name)

1345 SOUTH BREEZY WAY, POST FALLS ID 83854

(Street Address)

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

Name

ARACELIS VIDAL

Address

2110 FARRELL AVE REDONDO CA 90278

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

1345 SOUTH BREEZY WAY, POST FALLS ID 83854

6. Future effective date of filing (optional): 10-25-2014

Signature of a manager, member or authorized person.

Signature Aracelis VidalTyped Name: ARACELIS VIDAL

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE

10/24/2014 05:00

CK:2316178 CT:172099 BH:1446663
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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