

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2014 FEB 18 AM 10: 07

	01.10	(Instructions	on back	of application	on)	SECRETARY OF STATE
1.	The nam	The name of the limited liability company				THE TOTAL STATE
	Sa-Sys Elegant Settings & Event Center, LLC					
2.	The complete street and mailing addresses of the initial designated office: 214 S. University, Blackfoot, ID 83221					
		iress) 00 N, Blackfoot, ID 832 dress, if different than stree				
3.	The name and complete street address of the registered agent:					
	Maria Pilar Ramirez			487 W 300 N, Blackfoot, ID 83221		
	(Name) (Street Address)			s)		
4.	The name and address of at least one member or manager of the limited liability company:					
	Maria Pila	<u>Name</u> ar Ramirez		487 W 300 N	Addre N, Blackfoot, ID 83	
j.		ddress for future co		lence (annu	al report notice	es):
S.	Future ef	fective date of filing	g (optiona	il):		
	nature of son.	a manager, men	nber or a	authorized		
	_				Sec	retary of State use only
	ature					
ype	ed Name:	Maria Pilar Ramirez				

IDAHO SECRETARY OF STATE

02/18/2014 05:00

CK: 4497 CT: 293840 BH: 1418862
1 0 100.00 = 100.00 ORGAN LLC \$ 2
1 0 20.00 = 20.00 EXPEDITE C \$ 3

cert_org_lic Rev. 07/2010 W134336

Signature_

Typed Name: _