



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE**
LIMITED LIABILITY COMPANY **2014 NOV 12 AM 10:03**

(Instructions on back of application)

SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the limited liability company is:

365 Bridge Street Offices, LLC

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

10793 E HAYDEN LAKE RD, HAYDEN LAKE, ID 83835

(Street Address)

(Mailing Address, if different than street address)

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

GALE ELSTON

(Name)

10793 E HAYDEN LAKE RD, HAYDEN LAKE, ID 83835

(Street Address)

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

Name

GALE ELSTON

Address

599 E 7TH STREET, 1K

BROOKLYN, NY 11218

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

599 E 7TH STREET, 1K, BROOKLYN, NY 11218

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: GALE ELSTON

Signature _____

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE

11/12/2014 05:00

CK:2355138 CT:172099 BH:1449040
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