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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 APR 11 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Open Flowers LLC

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

180 First Street West Suite 216 Ketchum ID 83340
(Street Address)P.O. Box 1294 Ketchum, ID 83340
(Mailing Address, if different than street address)

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

Anne Jacobi
(Name)180 First Street West #216
(Street Address) Ketchum, ID 83340

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

Name	Address
<u>Anne Jacobi</u>	<u>180 First Street West Suite 216</u> <u>Ketchum, ID 83340</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

Open Flowers LLC P.O. Box 1294 Ketchum ID 83340

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

Signature of a manager, member or authorized person.

Signature

Typed Name:

Anne Jacobi

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 04/11/2013 05:00
 CK: 1931 CT: 201013 BH: 1369067
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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