



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 APR 23 PM 4:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Severi Insurance Agency LLC

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

1860 N Lakes Pl Meridian, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Michael Sevieri

(Name)

1860 N Lakes Pl Meridian, ID 83646

(Street Address)

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

Name

Address

Michael Sevieri

1860 N Lakes Pl Meridian, ID 83646

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

1860 N Lakes Pl Meridian, ID 83646

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Michael Sevieri

Typed Name: Michael Sevieri

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
04/24/2013 05:00
CK: 5812 CT: 282311 BH: 1370814
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