



CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 FEB 23 AM 9:13

1. The name of the limited liability company is: **SECRETARY OF STATE**
Tim's Flowers, LLC
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated/principal office:
303 S. Aerie Court Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

Timothy E. Maret
 (Name)

303 S. Aerie Court Post Falls, ID 83854

(Street Address)

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

Name
Katherine M. Maret

Address
303 S. Aerie Court Post Falls, ID 83854

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

303 S. Aerie Ct. Post Falls, ID 83854

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

Signature of organizer(s). (An organizer is a member, or is
 acting in behalf of a member or members).

Signature Timothy E. Maret
 Typed Name: Timothy E. Maret

Signature Katherine M. Maret
 Typed Name: Katherine M. Maret

LLC Form 100-0000
 Revised 07/2009
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 07/2009

Secretary of State use only

IDAHO SECRETARY OF STATE
 02/23/2009 05:00
 CK: 6244 CT: 234387 BH: 1158973
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