W139727



CERTIFICATE OF ORGANIZATION2014 JUL -7 AM 9: 09 LIMITED LIABILITY COMPANY SECRETALLY OF STATE

Signature _____

Typed Name: _____

	(matructions of	i back of application	STATE OF TRANS	
1. The name	of the limited liabili	ty company is:	THE THIRD	
Barefeet In	n The Kitchen しとっ			
. The comp		ng addresses of the	e initial designated office:	
(Street Addre	×88)			
(Mailing Addi	ress, if different than street ad	dress)		
. The name	e and complete stree	t address of the reg	gistered agent:	
Misty Som	mer	930 E 12 N		
(Name)		(Street Address))	
t. The name company:		east one member o	or manager of the limited liability Address	
Misty Som		930 E 12 N		
	dress for future corn N Mtn Home ID 8		al report notices):	
i. Future eff	ective date of filing (optional):		
ignature of erson.	a manager, memb	er or authorized		
,	WHO D	4	Secretary of State use only of State	
ignature	BOY BOTH	a)	07/07/2014 05:00	
ped Name:	Misty D Sommer		CK:106269183780 CT:298728 BH:1- 16 100.00 = 100.00 ORGAN LLC	