







## STATE OF IDAHO

## Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY **COMPANY**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0004427475

Date Filed: 9/27/2021 6:36:15 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) |                        | Standard (filing fee \$100)                         |  |
|--|------------------------|---|--|
| 1. Limited Liability Company Name  |                        |   |  |
| Type of Limited Liability Company  |                        | Limited Liability Company                           |  |
| Entity name  |                        | Paradise Storage LLC                                |  |
| 2. The complete street address of the principal office   | is:                    |   |  |
| Principal Office Address   |                        | 329 MADSON ROAD<br>BONNERS FERRY, ID 83805          |  |
| 3. The mailing address of the principal office is:   |                        |   |  |
| Mailing Address  |                        | PO BOX 1539<br>BONNERS FERRY, ID 83805-1539         |  |
| Registered Agent Name and Address  |                        |   |  |
| Registered Agent   |                        | REGISTERED AGENTS INC                               |  |
|  |                        | Commercial Registered Agent                         |  |
|  |                        | Physical Address                                    |  |
|  |                        | 784 S CLEARWATER LOOP STE R<br>POST FALLS, ID 83854 |  |
|  |                        | Mailing Address                                     |  |
|  |                        | 784 S CLEARWATER LOOP STE R<br>POST FALLS, ID 83854 |  |
| ☑ I affirm that the registered agent app   | ointed has consented t | o serve as registered agent for this entity.        |  |
| 5. Governors   |                        |   |  |
| Name   |                        | Address   |  |
| Eric Madson  |                        | 539 MADSON ROAD<br>BONNERS FERRY, ID 83805          |  |
| Eileen Madson  |                        | 539 MADSON ROAD<br>BONNERS FERRY, ID 83805          |  |
| Signature of Organizer:  |                        |   |  |
| Eric Madson  |                        | 09/27/2021  |  |
| Sign Here  |                        | Date  |  |