

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

STATE OF WARD

	(Instructions on back of applica	tion) ZUIS MAR 23 AM ID: 16
1.	The name of the limited liability company is:	
2.	The complete street and mailing addresses of the initial designated office: 340 South 5th, Pocatcus, Lacuno 83204 (Street Address)	
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Start Hemandez 5159 (Street Add	Leesburg, Chubbuck 10 83202
4.	The name and address of at least one member or manager of the limited liability company:	
*	Name	Address
	Juan Hemandez 515	9 Leesburg, Chubbuck 10 83202 Leesburg, Chubbuck 10 83202
	Stace Herrandez 5159	Leesburg, Chubback 10 83202
5. Mailing address for future correspondence (annual report notices): 3400 SOUTH 5th PWAHILO ID 83204		
5700 Jugris, Famua II 03001		
6. Future effective date of filing (optional):		
Sig	gnature of a manager, member or authorize	ed
per	erson.	Secretary of State use only
Sia	gnature from by	\$.
Typed Name Juan Hampfell 03/23/2015 05:00		
		CK:10921 CT:145014 BH:1467520
Signature Stauthurnandes 16 100.00 = 100.00 ORGAN LLC		
Тур	ped Name: <u>Staci Hernandl Z</u>	W/4 950)
£4		` ` ` `

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