



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2017 APR 14 AM 9:04

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

PetalsNDreams LLC.

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

5609 South Adonis Place, Boise, ID 83716

(Street Address)

(Mailing Address - if different)

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

Brian Redland

5609 South Adonis Place, Boise, ID 83716

(Name)

(Address) (Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

Sarah Redland

5609 South Adonis Place, Boise, ID 83716

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

5609 South Adonis Place, Boise, ID 83716

(Address)

Signature of organizer(s).

Signature: Brian Redland

Printed Name: Brian Redland

Signature: Sarah Redland

Printed Name: Sarah Redland

Secretary of State use only

IDaho SECRETARY OF STATE

04/14/2017 05:00

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