

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

## FILED EFFECTIVE

(Instructions on back of application)

2015 MAR 19 AM 9: 06

1.	The name of the limited liability company is:			SECRETARY OF
	POSHFOXX, LLC			Office Of 10
2.	The complete street and mailing addresses of the initial designated office:  2224 W. Los Flores Dr. Meridian, ID 83646  (Street Address)			
	(Street Address)			
	(Mailing Address, if different than street address)			
3.	The name and complete street address of the registered agent:			
	Marina C. Farro	2224 W. Los Flores Dr. Meridian, ID 83646		
	(Name)	(Street Address)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:			
	<u>Name</u>	<u>Address</u>		į
	Marina C. Farro	2224 W. Los F	2224 W. Los Flores Dr. Meridian, ID 83646	
		**************************************		
5.	Mailing address for future correspondence (annual report notices):			
	2224 W. Los Flores Dr. Meridian, ID 8	33646		
6.	Future effective date of filing (opt	tional):	_	•
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_	nature of a manager, member	or authorized		
per	rson.		Secretary of State use or	nly
Sig	nature Maruna C. Fa	カカスア	IDAMO SECRETARY O	
_	ped Name: Marina C. Farro		83/19/2015 CK:5820 CT:108638	BH:1466880
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	nature			
Тур	oed Name:		1111	0712
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