

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JAN 17 PM 3:16

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Agape Assisted Living L.L.C

2. The complete street and mailing addresses of the initial designated office:

2502 Sunnybrook Dr.

(Street Address)

Nampa, ID 83686

(Mailing Address/ if different than street address)

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

Nicoleta Flonta

(Name)

2502 Sunnybrook Dr.

(Street Address)

Nampa, ID 83686

4. The name and address of at least one member or manager of the limited liability company:

Nicoleta Flonta

Name

2502 Sunnybrook Dr.

Address

Nampa, ID 83686

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

2502 Sunnybrook Dr Nampa ID 83686

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Nicoleta Flonta

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/17/2013 05:00
CK: 3303 CT: 278323 BH: 1356228
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