



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2014 JUL 28 AM 10:00

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BREAKWATER GROUP LLC

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

5238 S 11TH E, IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

TREVOR COLLETTE

(Name)

5238 S 11TH E, IDAHO FALLS ID 83404

(Street Address)

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

Name

Address

TREVOR COLLETTE

5238 S 11TH E, IDAHO FALLS ID 83404

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

5238 S 11TH E, IDAHO FALLS ID 83404

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

Signature of a manager, member or authorized person.

Signature Trevor James Collette

Typed Name: TREVOR COLLETTE

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/28/2014 05:00

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