

State of Idaho

Office of the Secretary of State

**CERTIFICATE OF REGISTRATION
OF
SKYLINE 7 HOMES, LLC**

File Number W 175751

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 19, 2016



Lawrence Denney
SECRETARY OF STATE

By _____

[Signature]

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2016 DEC 19 AM 9:44

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: SKYLINE 7 HOMES, LLC
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
- | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> General Cooperative Association |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust |
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Nevada
(If you are asserting jurisdiction on where the entity was formed.)
5. The address of its principal office is:
27 Hwy 50 Kimberly ID 83341

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)
8. Name and street address of registered agent in Idaho:
Business Filings Incorporated 921 S. Orchard Street, Suite G Boise, Idaho 83705

(Address)
9. The name, capacity, and mailing address of at least one governor:
- | | | |
|--------------------------|----------------|------------------------------------|
| <u>Thomas J. Arledge</u> | <u>Manager</u> | <u>27 Hwy 50 Kimberly ID 83341</u> |
| _____ | _____ | _____ |
| <u>Cheryl Arledge</u> | <u>Manager</u> | <u>27 Hwy 50 Kimberly ID 83341</u> |
| _____ | _____ | _____ |

Typed Name. ~~Thomas J. Arledge~~

Signature

Capacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

12/19/2016 05:00

CE:1043 CT:325976 BH:1559920

10 100.00 = 100.00 FOR REG ST #2

W175751

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SKYLINE 7 HOMES, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 30, 2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 13, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20161213-1916
You may verify this electronic certificate
online at <http://www.nvsos.gov/>