2014 MAR 21 - AH 10- 13



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

1.	The name of the limited liability company is:		
	TASTE OF AFRICA, LLC		
2.	The complete street and mailing addresses of the initial designated office: 5823 WEST FRANKLIN ROAD, BOISE, ID 83709 (Street Address) 6751 S SOLAR AVE BOISE ID 83709 (Mailing Address, if different than street address)		
_			
3.	The name and complete street address of the registered agent:		
	SULEMAN SALEH	6751 S SOL	AR AVE, BOISE, ID 83709
	(Name)	(Street Address	s)
The name and address of at least one member or manager of the limited lia company:			or manager of the limited liability
	<u>Name</u> SULEMAN SALEH	#7E4 C COL	Address
		6751 S SOLAR AVE, BOISE, ID 83709	
	AHMED GAID	6751 S SOLAR AVE, BOISE, ID 83709	
5.	failing address for future correspondence (annual report notices):		
	6751 S SOLAR AVE, BOISE, ID 83709		
6.	6. Future effective date of filing (optional):		
Signature of a manager, member or authorized person.			
Po.			Secretary of State use only
Signature August 15 October 15 Oc			
Тур	ped Name: SULEMAN SALEH		IDAHO SECRETARY OF STATE 03/21/2014 05:00 CX: CASH CT: 294649 BH: 1416426 1 8 100.00 = 100.00 ORGAN LLC N 2
Sig	nature		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Тур	ed Name:		