



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 DEC 16 PM 2:27

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Ellagance Limo Service LLC

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

4829 Chinden Blvd, Garden City, Id 83714

(Street Address)

(Mailing Address, if different than street address)

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

Shelly Ell

(Name)

4829 Chinden Blvd, Garden City, Id 83714

(Street Address)

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

**Name**

**Address**

Shelly Ell

4829 Chinden Blvd, Garden City, Id 83714

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

4829 Chinden Blvd, Garden City, Id 83714

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

*Shelly Ell*

Typed Name: Shelly Ell

Signature

Typed Name:

Secretary of State use only

W79945

IDAHO SECRETARY OF STATE  
12/16/2008 05:00  
CK: 3812 CT: 144402 DN: 1148511  
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