

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY FILED EFFECTIVE

(Instructions on back of application)

2013 NOV 27 AM 9: 03

1.	The name of the limited liability company is:			SECRETARY OF STATE		
	- Gay Day Adventures	LL-C		STATE OF	10/410	
2.	2. The complete street and mailing addresses of the initial designated office:					
	953 Milner St. Bus					
	(Mailing Address, if different than street address)					
3.	. The name and complete street address of the registered agent:					
	Max Piper (Name)	953 / (Street Addre	M.Iner	St. Bu	hl Id	<u>83</u> 3/u
4.	The name and address of at least on company:	e member	or manag	er of the limi	ited liability	
	<u>Name</u>			<u>Address</u>		
	Max Wayne Piper	<u>953</u>	Milne	c St. I	Buhl Id	<u>83</u> 314
				-	 	
						
			·			
						
5.	Mailing address for future correspond	ience (ann	ual report	notices):		
	953 Milner St.	Buhl	Id.	83314		
6.	Future effective date of filing (optional					
Sig:	nature of a manager, member or a son.	authorized	ļ			
Sigr	nature <u>Max Piper</u> ed Name: <u>Max Piper</u>			Secretary of S	State use only	
Тур	ed Name: <u>Max Piper</u>					
Sigr	nature			11/27	SECRETARY OF STA /2013 05 T: 290111 BH: 1 190.00 ORGAN	: AA
Тур	ed Name:			_		

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